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Public health researchers often take a risk-based approach to investigating Black women's and adolescent sexuality, focusing primarily on reducing the rates of HIV, sexually transmitted infections, and unintended pregnancies. In order to advance the field of public health and Black sexology, sex positive research focused on Black women's sexual well-being (not solely limited to sexual health) is needed. The overall purpose of the present study is to investigate factors associated with the sexual development of Black women from adolescence to early adulthood. Utilizing a sex positive framework this study addresses two aims: (a) To examine the association between individual characteristics influence on sexual guilt, pleasure expectancies, and age of sexual debut among Black adolescent women; and (b) To examine the association between relationship and partner-specific factors and Black heterosexual women's sexual experiences in early adulthood. This quantitative study uses restricted data from Wave I (adolescence) and Wave III (early adulthood) of the National Longitudinal Study of Adolescent to Adult Health (Add Health). A series of logistic and linear regressions were conducted using STATA version 16. Findings showed that there were significant relationships between Black adolescent women's individual characteristics (i.e., pubertal timing, weight perception, age, father's non-residency, self-esteem, depressive symptoms, sexual status, and religious importance) and their pleasure expectancies, feelings of sexual guilt, and age of sexual debut. In early adulthood, there were significant relationships between relationship and partner-specific factors (e.g., financial

ties, relationship satisfaction, love, egalitarianism, physical violence) and sexual experiences (i.e., orgasm frequency and initiating sexual intercourse with their partner). Understanding how these factors influence Black women's sexual development from adolescence to early adulthood is important for achieving sexual health equity and intimate justice. Focusing on sex positive aspects of Black women's lives shifts the narrative in research and helps address barriers that may prevent Black women from having pleasurable, guilt-free sexual experiences throughout their lifespan. Implications for sexuality research and education are discussed.

A SEX POSITIVE INVESTIGATION OF THE SEXUAL DEVELOPMENT
OF BLACK WOMEN FROM ADOLESCENCE
TO EARLY ADULthood

by

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Approved by

Committee Chair

This dissertation is dedicated to my guardian angels for protecting me, smiling down on me, and sending me signs to let me know that you are always there.

APPROVAL PAGE

This dissertation, written by Shemeka Y. Thorpe, has been approved by the following committee of the Faculty of The Graduate School at The University of North Carolina at Greensboro.

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LIST OF ABBREVIATIONS

WHO	World Health Organization
CDC	Centers for Disease Control and Prevention
STI	Sexually Transmitted Infections
HIV	Human Immunodeficiency Virus
WAS	World Association for Sexual Health
Add Health	National Longitudinal Study of Adolescent to Adult Health
NICHD	National Institute of Child Health and Human Development

CHAPTER I

INTRODUCTION

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a **positive** and respectful approach to sexuality and sexual relationships, as well as the possibility of having **pleasurable** and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. (World Health Organization, Defining Sexual Health, 2006)

Statement of the Problem

Sexual health disparities continue to exist for Black women in the United States throughout their lifespan. Black women continue to have higher rates of sexually transmitted infections (STIs), HIV, and teen birth than their White counterparts (Centers for Disease Control and Prevention [CDC], 2018a; 2018b). As a result of these disparities most research on Black women from early adolescence to adulthood has focused on prevention and reducing sexual risk (Hammonds, 1994; Hargons et al., 2018; Lamb, Roberts, & Plocha, 2016; Melancon, Braxton, Harris-Perry, Brown, & Patterson, 2015). This leads to a narrative of Black women's sexuality as inherently risky and in dire need of services and interventions (Lamb et al., 2016). Black feminist scholars have made a commitment to reframing the existing narrative about Black female sexuality by positioning sex positive aspects such as desire, agency, and Black women's experiences of pleasure at the center of their sexual health and sexual development (A. M. Brown,

2019; Hargons et al., 2018; Lewis, 2004; J. Morgan, 2015). A comprehensive framework that merges sex positive factors, as well as risk reduction, is ultimately needed to reduce sexual health disparities (Harden, 2014). Although research on sex positive aspects of adolescent sexuality has recently increased (Fortenberry, 2016; Halpern, 2010; Harden, 2014; Schalet, 2011), there is still little research framed around sex positivity marginalized populations such as Black women. In order to create culturally relevant and intersectional sexual health interventions for Black women, we must incorporate sex positive as well as risk reduction messages (Ware, Thorpe, & Tanner, 2019). Understanding Black women's sexual experiences and expectations of sexual intercourse throughout their lifespan is necessary to move the field of public health forward and expand Black sexology.

Study Purpose and Specific Aims

The purpose of this study is to examine the sexual development of Black women from adolescence to early adulthood. This dissertation focuses primarily on how the individual characteristics and relationship and partner-specific factors influence Black women's sexual experiences in adolescence (i.e., sexual guilt, pleasure expectancies, age of sexual debut) and adulthood (i.e., initiating sexual intercourse, orgasm frequency) using a sex positive framework to guide the analysis of data from the National Longitudinal Study on Adolescent to Adult Health (Add Health). Specifically, this quantitative analysis has two aims which are discussed in detail in Chapter 3:

Aim 1: *To examine the association between individual characteristics, sexual guilt, pleasure expectancies, and age of sexual debut among Black adolescent women.*

Aim 2: *To examine the association between relationship- and partner-specific factors and Black heterosexual women's sexual experiences in adulthood.*

Overview of the Dissertation

Chapter II presents a review of the literature on factors influencing the sexual development of Black women. The sex positive framework is explained in detail as the theoretical framework that informs the study design. The strengths and gaps in the literature are addressed as it pertains to the sex positive aspects of Black women's sexuality in adolescence and early adulthood. Chapter III describes the study's design and the incorporation of the theoretical framework in this study. Chapters IV and V present two papers based on the results of aim one and aim two, respectively. Chapter VI concludes with the discussion of the findings, future directions of research, and sexuality education, specifically focused on centering Black women sexuality educators and researchers.

CHAPTER II

REVIEW OF LITERATURE

Introduction

Significant sexual health disparities exist for Black women in the United States throughout their lifespan. According to the Youth Risk Behavior Survey, fewer Black adolescent women, ages 13-19, have had sexual intercourse and are currently sexually active compared to White and Hispanic adolescent women (Kann et al., 2016). Despite having less intercourse, other sexual risk behaviors are higher among Black adolescent women, including being more likely to having sex before the age of 13, not using condoms at last sexual intercourse, and using alcohol and drugs before last intercourse (Kann et al., 2016). These sexual risk behaviors lead to a greater burden of negative sexual health outcomes. Although teen birth rates have dropped significantly among Black adolescent women over the last decade from 86.1 to 15.3 per 1000 in females ages 15-17 (CDC, 2018a), there are still significant racial disparities between birth rates of Black (29.3 per 1000 births) and White (14.3 per 1000 births) adolescent women between the ages of 15-19 years old (CDC, 2018a). In 2017, the rate of chlamydia and gonorrhea were 3.6 and 7.6 times higher (respectively) among Black women than White women ages 20-24 (CDC, 2018b). Across all ages, Black women account for 62% of the cases of HIV among women (CDC, 2018b).

Due to these sexual health disparities, much of the sexual health research on Black women throughout their lifespan has focused on the prevention of negative sexual health outcomes (Bradley, 2017; Hargons et al., 2018). Most of these studies have focused on the development of individual-level interventions, implying that Black women are responsible for their own sexual health disparities (Flowers, 2018). In order to support the overall sexual health of Black women, research and interventions need to include a more comprehensive approach that moves beyond a risk reduction framework also to include positive aspects of sexual health promotion (Ware et al., 2019). Creators of sexual health interventions and curricula for Black women often have a flawed understanding of the origin of their sexual health disparities (Wyatt, Williams, & Myers, 2008). Solely using a risk reduction approach to understand the predictors of sexual behaviors provides a limited scope of sexual development (Teitelman, Bohinski, & Boente, 2009; Tolman & McClelland, 2011).

Halpern (2010) argued that in order to move the field of adolescent sexual health forward, research should frame sexuality as a developmental process throughout the life course with experiences in adolescence impacting sexual health decision making into adulthood. Sexual development is a process that intersects with other aspects of developmental change (e.g., identity and moral development). It is the product of multiple socializing factors that have bidirectional influences on each other (Halpern, 2010). Focusing on sexual development will ultimately enhance women's sexual and reproductive health (Halpern, 2010). Accordingly, an intersectional, sex positive framework is needed to inform sexual health interventions and expand the research on

normative and healthy sexual behaviors and factors that influence the sexual development of Black women (e.g., social identities, sexual guilt, pleasure expectancies, agency) (Fletcher et al., 2015; Harden, 2014; Hargons et al., 2018).

Theoretical Frameworks

Intersectionality

Black feminist scholar Kimberlé Crenshaw coined the term intersectionality in 1991 to describe how race and gender intersect to shape the multiple dimensions of Black women and the violence against them (Crenshaw, 1994). Crenshaw argued that Black women are left out of feminist discourse (which typically focuses on White women) and anti-racist discourse (which typically focuses on Black men) (Crenshaw, 1994). Since then, intersectionality has become a key framework for psychology, law, and public health (Bowleg, 2012). Intersectionality is a theoretical framework that analyzes how multiple social characteristics or identities (e.g., race, gender, sexual orientation, socioeconomic status) intersect at the micro level to reflect multiple intersecting systems of oppression such as racism, sexism, heterosexism, and classism that lead to sexual health disparities (Bowleg, 2012). Intersectionality allows public health researchers to go beyond examining each identity independently and focuses on understanding the health of people across diverse identities (Bowleg, 2012).

Evelyn Hammonds (1994) stated that Black women's sexualities have been largely "shaped by the silence, erasure, and invisibility in the dominant White feminist literature" (p. 130), which presumes that all women share the same issues as White, middle-class feminist. From an intersectional standpoint attempting to categorize all

women or all Black women as a monolith diminishes the opportunities to examine how multiple identities intersect to create racial and ethnic disparities. Patricia H.

Collins (2002) argued that Black sexual politics occurs at the intersection of gender, race, and sexuality; thus, research on Black sexualities should always take an intersectional approach. Intersecting systems of oppression all contribute to the ways that Black women and girls experience sexual health disparities (Prather, Fuller, Marshall, & Jeffries, 2016). Intersectionality presents the opportunity to learn about the sexual development of Black women with various social characteristics. Using an intersectional framework presents the opportunity to take a more nuanced approach to sex research by focusing on within-group differences instead of the traditional approach of comparing women from different racial groups. Examining within-group differences allows researchers to explore more complex ways that intersecting identities create disparities as well as helps reframe the sexual health of Black women as the “risky” group when they are commonly compared to White women.

Sex Positive Framework

Over the last decade, there has been a call for a paradigm shift for understanding sexuality, especially adolescent sexuality, as a developmentally normative and potentially healthy part of the life course (Diamond, 2006; Harden, 2014; Schalet, 2011; Tolman & McClelland, 2011). A sex positive framework supports the risk reduction aspects of sexual health, but the central focus is that healthy sexuality is not only avoiding negative consequences (e.g., sexually transmitted infections, unintended pregnancy, and sexual violence) but also includes the joy and pleasure of sex (Harden, 2014; Lamb et al., 2016).

This includes investigating social inequality and intracultural differences in the ways that women seek pleasure (Higgins, 2007). A sex positive framework recognizes pleasure as an important aspect of Black women's sexuality that influences their sexual risk behaviors, sexual health and well-being (Higgins, 2007).

The CDC has challenged the risk-based paradigm of sexual health research and called for a shift in public health research to focus on a more positive, health-based approach from the disease-based approach (Ivankovich, Fenton, & Douglas, 2013). This shift is based on the rationale that it will enhance the efficiency and effectiveness of sexual health programs and broaden the definition of human sexuality to one that is contextual, positive, and inclusive. Additionally, the CDC believed that a more positive health-based approach is necessary to understand complex factors that shape sexual behavior, even in adolescence (Ivankovich et al., 2013). The CDC reported eight goals to improve public health that promotes age-appropriate sexual health and healthy sexual behaviors throughout the lifespan, including five that directly relate to adolescent sexual health, including (a) making sexual behaviors multidimensional by not limiting them to intercourse and extending them to relationship issues, (b) using the World Health Organization definition of sexual health, (c) addressing the emotional and physical enjoyment of sex, (d) addressing "pleasure" within the definition of sexual health to engage young people, as they are interested in improving the quality of their sexual experiences, and (e) reframing sexual health for youth by discussing it in terms of academic achievement, pregnancy prevention, relationship building, etc. (Ivankovich et al., 2013). The World Association for Sexual Health (WAS) later built upon these goals

through their 2019 Declaration on Sexual Pleasure, which declares that sexual pleasure is a human right, includes diverse sexual experiences, and should be integrated into health education and promotion, research and advocacy (WAS, 2019).

A sex positive framework encourages researchers to examine the sexuality and sexual behaviors of Black women beyond a risk- and deficit-based lens, which insinuates that Black women are in dire need of interventions and services (Bradley, 2017; Collins, 2004; Hammonds, 1994, 1999; Hargons et al., 2018; Harris-Perry, 2011; Lamb et al., 2016; Melancon et al., 2015; Tolman, 1994). The polarization of sex as “deviant” versus “normative” creates messages that the minority group is the “deviant” group and reinforces social stereotypes and assumptions (Lewis, 2004). When a sex positive framework is utilized, it allows researchers to expand beyond penetrative sex, abstinence, and reproduction to focus on a variety of sexual behaviors, sex before marriage, pleasure, intimacy, and sexual well-being (Harden, 2014; Lorimer et al., 2019; Tolman & McClelland, 2011). Without a balanced examination of normative sexual behaviors among Black women, sexual health research will be skewed and will only focus on preventative messages instead of a combination of preventative and pleasure-based sexual health messages, which will ultimately help to reduce sexual health disparities (Lewis, 2004). The expansion of research from comparative racial studies to intersectional non-comparative studies that focus on race, gender, and other social identities (e.g., Black women) are also needed to understand what factors affect their sexual development and behaviors.

Sociocultural Factors Influencing Black Women's Sexual Development

Sexual Scripts

Intersections of social identities influence how Black women navigate and negotiate sexual scripts throughout their lifespan. Sexual scripts are acquired through a process known as sexual socialization in which individuals are exposed to a series of messages from peers, media, parents, and culture (Davidson & Moore, 1994; Geary, Baumgartner, Wedderburn, Montoya, & Catone, 2013). Sexual scripts set the norms, limits, sequencing, and meanings related to dates, relationships, and sexual behaviors expected for people based on their gender (Wiederman, 2015). Sexual scripts occur at three levels: cultural, interpersonal, and intrapsychic (personal). Cultural level scripts create social norms that are shaped by mass media, government, and religion. Cultural scripts do not guide behaviors but set parameters around the behaviors. Interpersonal level scripts are where individuals begin to write their own scripts and adapt their scripts for each specific encounter. Personal scripts allow individuals to express their social meanings and expectations by creating plans to carry out interpersonal scripts through fantasies and memories (Wiederman, 2015). The three levels of scripts all interact with one another (Simon & Gagnon, 1987).

People of multiple marginalized identities, such as Black women, face more racialized and classed stereotypes and scripts about their sexuality compared to their White peers (Collins, 2004). The intersection of race and gender stereotypes along with sociohistorical factors have created four foundational sexual scripts and stereotypes of Black women which includes, Jezebels (young, promiscuous, seductress women),

Mammys (nurturing domesticated women who put their family's well-being before their own and are asexual), Welfare Mothers (a woman who has multiple children, does not work, and lives off the government), and Matriarchs (women are seen as controlling, emasculating and the head of the household) (Stephens & Phillips, 2003). Black women are trained to portray the "good girl" image, which includes delaying sexual debut until they are in a loving, committed monogamous relationship with one partner versus having sex for pleasure with multiple partners (Crawford & Popp, 2003). Black women navigate racial-gendered scripts such as the hypersexual Jezebel while also navigating gendered scripts that they should not be active participants in sexual intercourse but rather it is an act that happens to them that revolves around male pleasure (D. L. Brown, White-Johnson, & Griffin-Fennell, 2013; French, 2013; Ward, Jerald, Avery, & Cole, 2019). Sometimes Black women may internalize these stereotypes throughout their lifespan, which influences their sexual behaviors (Prather et al., 2016; Stephens & Phillips, 2003; Townsend, Neilands, Thomas, & Jackson, 2010). These scripts are primarily formulated around interactions with Black men; therefore, these scripts may present themselves differently in non-heterosexual Black women (Moses & Kelly, 2016; Stephens & Phillips, 2003). Most importantly, women can mix these sexual scripts depending on their social context (Stephens & Phillips, 2003).

Black women are more aware of possibly being perceived as promiscuous, and this fear of stereotyping becomes a part of their sexual selves (Anakaraonye, 2016; S. Davis & Tucker-Brown, 2013). As a way to navigate these scripts, some Black women turn to "respectability politics." Respectability politics was developed in the late 19th

century by middle-class, religious Black women and men to resist being stereotyped as hypersexual Jezebels by White people (French, 2013; Higginbotham, 1993; Johnson, 2013), and has become a key element in Black femininity (M. Morgan & Bennett, 2006). Respectability politics leads to “politics of silence” in which Black women do not express their sexual desires and fantasies in fear of being judged and negative sexual stereotypes and avoiding sexual double standards (Hammonds, 1999; Stephens & Phillips, 2003). Respectability politics can deny Black women of sexual pleasure and create barriers to their sexual health if they neglect to talk about STI treatment and prevention in fear of moral judgment (Harris, 2015).

Intersecting Identities and Sexual Scripts

Social context and identities are important in understanding and navigating sexual scripts. For example, sexual scripts change throughout the lifespan because certain scripts are only appropriate for certain age groups, viewing childhood and early adolescence as pre-sexual and the elderly as post-sexual based on our cultural scripts (Gagnon & Simon, 1973). Women typically face more conservative scripts in adolescence and early adulthood, despite this being a time of sexual exploration and development of interpersonal and intrapsychic sexual scripts (Gagnon & Simon, 1973). Sexual scripts also vary at the intersection of race, gender, and class. For example, cultural scripts of low-income Black women are shaped by negative images of them in the media, exposure to more teen pregnancy with their communities (interpersonal level), and less access to comprehensive sexuality education compared to affluent Black women (Guttmacher Institute, 2016; Moses & Kelly, 2016; Stephens & Phillips, 2003). Because of the

heightened financial independence that middle-class Black women experience, they may feel the need to conform to passive, partner-pleasing components of the female script to deflect perceptions of failed femininity (Wilkins, 2012). Black college women may also be more likely to submit to a subordinate role in heterosexual relationships for the same reasons (Townsend, 2008). Unlike more privileged women, disadvantaged women spend more time thinking about how to balance their sexual desires and the negative stereotypes of their sexuality and physical and emotional safety (Impett & Tolman, 2006; Tolman, 1994, 2002). In a retrospective study conducted by Crooks, King, Tluczek, and Sales (2019), Black women reported that during adolescence, Black girls are often trying to figure out their sexual identities, which are influenced by social environments, stereotypes, individual factors such as age, and their communities. As Black women develop from adolescence to adulthood, they often gain a better sense of their sexuality, embrace it, and develop a sense of agency by becoming active participants in their sexual experiences and engaging in pleasure.

The Current State of Research on Black Women's Sexual Pleasure

Over the last 15 years, research on women's pleasure has grown; however, a "pleasure deficit" (Higgins & Hirsch, 2007) in research on Black women's pleasure still exists. To date, the majority of pleasure research has primarily been conducted by White feminist scholars on White women's pleasure and orgasms (Impett & Tolman, 2006; Tolman, 1994, 2002). Black feminist scholars have continued to advocate for pleasure-based sexology frameworks (A. M. Brown, 2019; Cunningham, 2018; Hargons et al.,

2018; Miller-Young, 2014; J. Morgan, 2015; Nash, 2014), but the work especially those published in academic journals is limited (Hargons et al., in press).

Carol Vance defines Black sexuality as “simultaneously a domain of restriction, repression, and danger, as well as a domain of pleasure, exploration, and agency” (Vance, 1984, p. 1). For Black women, there is a constant battle between their feelings of sexual desire and pleasure and the social consequences of acting on these feelings. When Black women express healthy sexual desires, they are often labeled as dangerous, risky, oppressive, dysfunctional, unhealthy, and hypersexual throughout their lifespan (hooks, 2014; Melancon et al., 2015; Stephens & Few, 2007; Stephens & Phillips, 2003). These barriers to exploration are heightened for Black women who report that expressing their desires and advocating for pleasure are sacrifices of vulnerability that they are afraid to make (Howard, 2019; Tolman, 2002). A Black adolescent woman in Tolman’s (2002) study mentioned that to discuss desire and pleasure openly makes her vulnerable to a bad reputation, criticism of others, or being seen as hypersexual. This finding confirms that sexual scripts and stereotypes are constantly informing the sexual decision making, sexual exploration, and sexual behaviors of Black women.

Research must identify barriers to Black women’s ability to achieve “thick desire” (Hargons et al., 2018), which is “the unhindered access to those social and interpersonal structures necessary to make safe, agentic, responsible sex possible” (Fine & McClelland, 2006, p. 61). Intersecting identities such as gender, race, sexual orientation, and class all impact experiences of sexual pleasure. Regardless of race, heterosexual adolescent women rarely have expectations of pleasure and desire because they have been socialized

to associate their pleasure with providing males sexual satisfaction (Tolman, 2002). They are also more likely to feel pressure to please their male partner and that they should have low pleasure expectancies (Fahs & Swank, 2011). Recently a qualitative study explored narratives of pleasure in last sexual intercourse among Black college students (Hargons et al., 2018). Black college women reported that pleasure meant that both partners enjoyed the sexual experiences and had an orgasm either from oral or vaginal intercourse (Hargons et al., 2018). Pleasure was also linked to sexual performance of their male partner and his sexual health knowledge and skill versus their own. This finding could be linked to the fact that Black college women take on more passive roles during sex to avoid sexual stereotypes explained earlier. Black college women also did not state that their ability to orgasm was related to their own knowledge or that they could create their own pleasure; however, one participant mentioned that she is able to ask for what she wants due to her level of comfort, body satisfaction, and willingness to explore. Finally, they found that women often hoped for, and expected pleasure and were disappointed when they did not feel pleasure.

Pleasure Expectancies in Adolescence

To date, there have been three studies that have explored differences in pleasure expectancies across races and gender utilizing the Add Health data (Cheng, Hamilton, Missari, & Ma, 2014; Galinsky & Sonenstein, 2011; Pearson, 2018). Overall, adolescent women tend to report lower expectations of pleasure in sexual encounters compared to male adolescents (Galinsky & Sonenstein, 2011). Only 30.12% of adolescent women agreed or strongly agreed that sexual intercourse would give them a great deal of pleasure

compared to 62.28% of male adolescents (Cheng et al., 2014). Approximately 87% of adult men were more likely to report having orgasm most or all of the time compared to 47% of women (Galinsky & Sonenstein, 2011). Differences in pleasure expectancies between Black, White, and Latina adolescent women were explained by socioeconomic factors, religiosity, and regional policy (Cheng et al., 2014). Latina and Asian adolescent women had the lowest pleasure expectancies (Cheng et al., 2014). Adolescent women who had higher levels of pleasure expectancies attained higher levels of education into adulthood (Cheng et al., 2014). Girls of a lower class, racial minority females, and those who live in the South had limited expectations of pleasure, which is in line with the demographics of students who are most likely to receive abstinence-only education (Cheng et al., 2014; SIECUS, 2018). Young women who attended schools with schoolmates who had more negative attitudes towards contraception felt more sexual guilt, had lower pleasure expectancies, or were more religious were more likely to report perceiving obstacles to birth control, more sexual guilt, less likely to initiate sex, and had lower pleasure expectancies (Pearson, 2018). Women who perceived more obstacles to contraception use in adolescence were less likely to report frequent orgasms as adults (Pearson, 2018). Surprisingly, women who reported more sexual guilt in adolescence were more likely to report more frequent orgasms in adulthood (Pearson, 2018). This could mean that women who feel more sexual guilt in adolescence begin to develop and exercise their sexual agency in early adulthood to get over the feelings of guilt and shame to have pleasurable sexual experiences.

Sexual Agency: Advocating for Pleasure and Initiating Sex

Sexual agency is often defined as one's ability to identify, communicate, negotiate and act on one's sexual needs, wants, and desires (Fahs & McClelland, 2016; Greene & Faulkner, 2005; Ramsey & Hoyt, 2015). Sexual agency has also been defined as sexual assertiveness, sexual self-efficacy, including the belief in one's ability to use condoms, prevent STIs and unintended pregnancy, and sex refusal (Curtin, Ward, Merriwether, & Caruthers, 2011). However, scholars have encouraged us to move from defining sexual agency as assertiveness to include a definition of empowerment, safety, and control (Bay-Cheng, 2019; Jovanovic & Williams, 2018). Black feminist scholars state that we must move away from equating sexual agency with "resistance sexual freedom" and realize that agency is complex that may include capacity for "pleasure and pain, exploration and denial, or for progressive change as well as everyday survival" (Miller-Young, 2014, p. 17). Research on Black women often portrays them as not having agency over their own body by comparing them to White women with the underlying assumption that Black women's lack of agency is a predictor of sexual risk behaviors (Collins, 2004; Hammonds, 1994, 1999).

In a qualitative study, Black women reported that sexual agency meant that they had the opportunity to initiate or choose, when, how, and with whom they wanted to have sex; they felt in charge of their bodies, and they did not own the stereotypes about them (Evans & Dyson, 2015). Black women who exude more sexual agency are less likely to feel sexual guilt (Jerald, 2018). Women who use their sexual agency are more like to initiate sexual intercourse and be active participants in achieving pleasure and orgasm for

themselves as well as their partner (Hurlbert, 1991; Hurlbert & Apt, 1994; Hurlbert, Apt, & Rabehl, 1993; Ménard & Offman, 2009). For Black women, in particular, greater sexual agency is linked to greater condom use and refusal of unwanted sex (Bowleg, Lucas, & Tschann, 2004). Many Black women reported waiting for their male partners to initiate sex even when they desired it and used nonverbal cues to communicate their sexual needs instead of voicing them more directly (Bowleg et al., 2004). While many Black women reported agency as an important and positive part of sexuality (Evans & Dyson, 2015), Black women who exude their sexual agency and are knowledgeable, open, assertive, and carefree about their sexuality are at risk of facing stereotypes and stigmatization (Crawford & Popp, 2003; Fasula, Carry, & Miller, 2014). These stereotypes serve as a societal warning to assertive Black women that they are undesirable, and if they put their pleasure before the man's, then they are more likely to be rejected and alone (Collins, 2002; hooks, 2001). Embodying sexual agency allows Black women the opportunity to step outside of the passive roles placed upon them by society and exude agency to advocate for their own pleasure (Collins, 2002; Fasula et al., 2014; Lovejoy, 2001). Exercising sexual agency is instrumental for fulfilling women's sexual needs and desires and for initiation safe sex behaviors (Ward et al., 2019).

Relationship Characteristics and Initiating Sex

The highest level of relationship satisfaction and intimacy are in relationships in which power is equitable or egalitarian (L. E. Davis, Williams, Emerson, & Hourd-Bryant, 2000). An equitable relationship is one in which partners perceive themselves as receiving benefits that match their contributions (L. E. Davis et al., 2000). There is a

belief that women may desire equitable relationships more than men in order to create equal power in their relationship. For some Black women, having a good sex life and having a partner who holds similar religious beliefs and morals contribute to their levels of relationship and sexual satisfaction (L. E. Davis, Emerson, & Williams, 1997). Relationship satisfaction refers to the level of contentment individuals feel toward their partner (Lewandowski & Schrage, 2010). Sexual satisfaction is correlated with relationship satisfaction, love for a partner, and intimacy (Sprecher, 2002). Women tend to initiate sex with their partners to receive love and intimacy (M. Brown & Auerback, 1981; Carroll, Volk, & Hyde, 1985). A woman's decision to initiate sex is influenced by their partner compatibility (shared values), relationship length, and relationship bond (Grøntvedt, Kennair, & Mehmetoglu, 2015). There is evidence that relationship and partner characteristics influence Black women's sexual experiences and behaviors, yet there is limited research on how it affects their experiences of pleasure.

Sexual Guilt

In order to reach a place of sex positivity, we must first address aspects of sex negativity, including guilt (Afrosexology, n.d.). In American society, sex is often coupled with guilt. Scripting theorists Gagnon and Simon (1987) argue that to engage in sexual behavior, we must learn how to manage our sexual guilt. Furthermore, the majority of sexual problems are rooted in psychological and attitudinal determinants, such as sexual guilt, which is largely influenced by one's sexual scripts (Moore & Davidson, 1997). Mosher and Cross (1971) defined sexual guilt as "a generalized expectancy for self-mediated punishment for violating standards of proper sexual conduct" (p. 27). Sexual

guilt can also be felt when one goes against their own internal beliefs and values, therefore generating feelings of shame (Murray, Ciarrocchi, & Murray-Swank, 2007). Sexual guilt is an individual experience that varies from person to person, such that certain behaviors or attitudes that bring some women guilt may not cause guilt for another person (Emmers-Sommer, Allen, Schoenbauer, & Burrell, 2018). Femininity is often associated with sexual restraint and high feelings of sexual guilt about sexual acts (Curtin et al., 2011; Schalet et al., 2014)

Sexual Guilt and Black Women

Sexual guilt often limits conversations about sexuality in Black communities (Collins, 2002; Hammonds, 1999; Harris-Perry, 2011). Historically, Black women discussing sexuality pose a threat to their advancement in a society rooted in patriarchy and oppression (Fordham, 1993). Often, Black women are taught to remain silent throughout their lifespan about their sexuality, desires, and refrain from engaging in sexual intercourse (Hammonds, 1999). Going against these internalized norms can sometimes lead to sexual guilt. Sexual guilt can have adverse effects on sexual experience, emotional and mental health (Emmers-Sommer et al., 2018). In a retrospective study, Black women reported not being treated like girls during adolescence because they received unwanted sexual attention from older men and were blamed for tempting the men by older Black women and peers (Crooks, King, Tluczek, & Sales, 2019). This experience of victim-blaming created sexual guilt for women later in their lives, and they reported feeling confused about their sexuality (Crooks, King, Tluczek, & Sales., 2019).

Respectability politics is also a predictor of sexual guilt (M. Morgan & Bennett, 2006). Although respectability politics has some roots in religiosity, Black women tend to have more sexual guilt when compared to their White counterparts regardless of religious attendance (Daniluk, 1993; Wyatt & Dunn, 1991). This means that spirituality and religious importance may be a larger predictor of sexual socialization and carry underlying guidelines for sexual scripts than church affiliation and attendance (Daniluk, 1993; Wyatt & Dunn, 1991).

Sexual Guilt and Pleasure

Sexual guilt is related to less sexual experience and diminished feelings of sexual arousal and pleasure (Higgins, Mullinax, Trussell, Davidson, & Moore, 2011; Moore & Davidson, 1997). However, the level of sexual guilt that one feels may vary based on the type of behavior one is participating in (e.g., masturbation versus vaginal sex), with lower levels of guilt associated with solo behaviors versus partnered behaviors. Individuals who feel guilt experience less desire and orgasm, less comfort with sexuality, lower condom use self-efficacy, and may avoid feeling sexual guilt by eliminating their opportunities for sexual satisfaction (Higgins, Trussell, Moore, & Davidson, 2010; Moore & Davidson, 1997; Wayment & Aronson, 2002). Among college women, sexual guilt has been shown to be associated with a lack of physiological and psychological sexual satisfaction, guilt about current sexual intercourse, and guilt if their male partner does not have an orgasm (Davidson & Moore, 1994; Geary et al., 2013). Those who have higher sexual guilt are less likely to ever experience orgasm during intercourse, which leads to more guilt associated with the absence of not having an orgasm (Schwartz, 1999). From a

developmental perspective, understanding how sexual guilt in adolescence influences sexual behaviors (e.g., having casual sex) and experiences (e.g., experiencing orgasms and satisfaction) into early adulthood (18-24 years old) will help ensure that Black women have pleasurable sexual experiences.

Strengths and Limitations of Literature

There has been a shift in the last decade in sexual health research to a comprehensive framework that combines sex positivity and risk reduction models to eliminate sexual health disparities. The current literature provides a foundation for sex positive frameworks to investigate adolescent sexuality but fails to extend the sex positive framework to focus on marginalized populations such as Black women. Thus, future research is needed to understand sex positive factors (e.g., pleasure, reducing sexual guilt, sex initiation and orgasm frequency) and relationship factors (e.g., love, intimacy, satisfaction) that influence Black women's sexual health across their lifespan.

The sexual development of Black women has just begun to be explored over the last decade, but both studies were retrospective cross-sectional studies (Crooks, King, Tluczek, & Sales., 2019; Evans & Dyson, 2015). The qualitative studies that have utilized sex positive and intersectional frameworks provided rich findings and quotes on the sexual experiences of Black women. Although there have been advances in qualitative sex positive research, there has been little quantitative research utilizing these theoretical frameworks (Harden, 2014).

This study will expand the research on Black women's sexuality by using and applying a sex positive lens to focus solely on Black women's pleasure, orgasm, and

patterns of sex initiation. This study will focus on the sexual health of Black women from adolescence to early adulthood utilizing Add Health data.

Current Study

This quantitative analysis has two aims which are discussed in detail in Chapter III:

Aim 1: To examine the association of individual characteristics, sexual guilt, pleasure expectancies, and age of sexual debut among Black adolescent women.

Research Question 1: What is the association between individual characteristics and Black adolescent women's pleasure expectancies?

Research Question 2: What is the association between individual characteristics and Black adolescent women's feelings of sexual guilt?

Research Question 3: Do pleasure expectancies and sexual guilt predict Black adolescent women's age of sexual debut?

Aim 2: To examine the association between relationship- and partner-specific factors and Black heterosexual women's sexual experiences in adulthood.

Research Question 1: What is the association between relationship factors and initiating sexual intercourse with a partner?

Research Question 2: What is the association between partner-specific factors and initiating sexual intercourse with a partner?

Research Question 3: What is the association between relationship characteristics and orgasm frequency?

Research Question 4: What is the association between partner-specific factors and orgasm frequency?

CHAPTER III

METHODOLOGY

Research Design

This study is divided into two parts to examine the sexual development of Black women from adolescence to early adulthood with a focus on the social characteristics and sex positive factors that influence their sexual well-being. The first part of this study uses a cross-sectional quantitative design to investigate the association between individual characteristics, pleasure expectancies, sexual guilt, and age of sexual debut among Black adolescent women. The second part of the study uses a cross-sectional quantitative design to examine the association between relationship and partner-specific factors and the sexual experiences of Black women in adulthood.

This dissertation is one of few non-retrospective studies to focus on the sexual development of Black women from adolescence to early adulthood. This study will utilize the largest nationally representative quantitative dataset on adolescent and adult health, Add Health, which increases generalizability and complements the existing qualitative studies that focus on the sex positive aspects of Black women's sexuality including agency and pleasure (Bradley, 2017; Hargons et al., 2018; Rose, 2004). This study answers the call by researchers to move beyond a risk-reduction framework that has defined adolescent sexual research (Fortenberry, 2013; Halpern, 2010; Harden, 2014) and utilizes a sex positive framework by focusing on expectations of sexual pleasure;

orgasm frequency; initiating sex; and individual, relational, and partner-specific factors that influence their sexual development (see Figure 1).

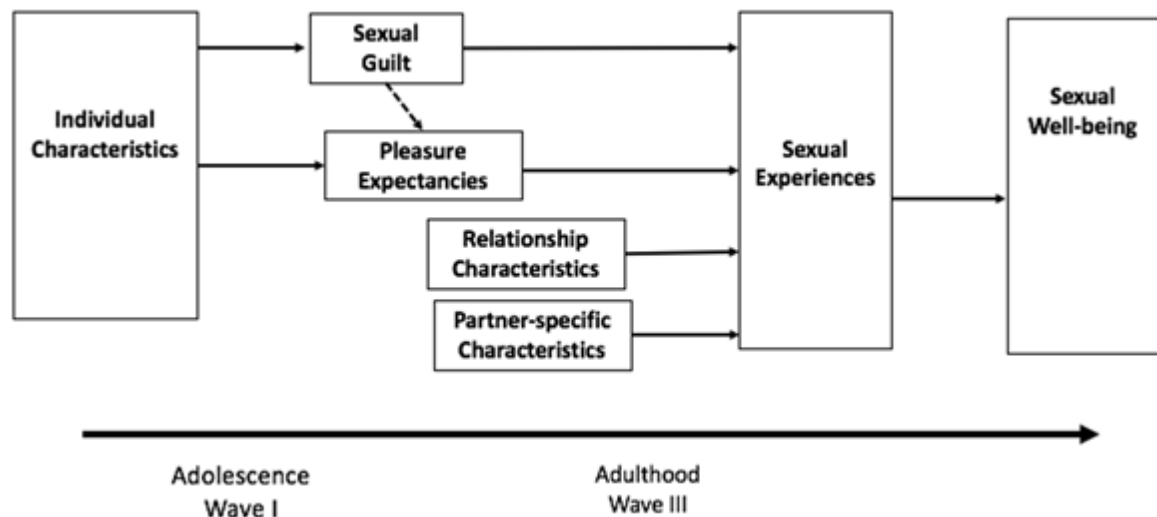


Figure 1. Dissertation Conceptual Model.

Data Description

This dissertation used data from Wave I and III of the Add Health Study. Add Health is a nationally representative, school-based study of U.S. adolescents who were in seventh to 12th grade during the 1994-1995 school year. The National Institute of Child Health and Human Development (NICHD) funded the Add Health study. The primary aim of the Add Health study was to understand how families, friends, schools, and communities shape health-related behaviors of adolescents. Add Health is one of the largest studies on adolescent health and behavior.

Add Health used a school-based design. A random sample of all high schools in the United States that had 11th-graders and at least 30 students (80 schools) and their feeder middle schools (52 schools) were selected and stratified into 80 school pairs

before data collections. These schools were further stratified by region, urbanicity, school-type, and racial composition. More than 70% of the originally selected schools agreed to participate in the study. Other schools were selected until there were a total of 132 schools. Some of these schools spanned seventh to 12th grade.

Wave I of Add Health data was collected in 1994 in two stages. First, the survey was administered in schools between September 1994 and April 1995. Students who were absent from school did not receive a make-up survey. Most students were between the ages of 14-18 at Wave 1. Students were asked 70 questions during a 45- to 60-minute class period. The in-school sample size was 90,118 students. School administrators ($N=143$) also received the survey. School administration data was used to determine the school size, region, and urbanicity.

In the second stage of data collection, students were chosen from the rosters of the schools that participated in the in-school survey to participate in a 90-minute at-home interview. Students who did not complete the in-school survey at Wave 1 were still eligible to participate in the in-home survey. Approximately 200 students were randomly selected from each middle school and high school, resulting in a sample of 20,745 students who completed the in-home survey. Students were asked about relationships with their family, friends, and teachers' physical and mental health, pregnancy, contraception, and romantic relationships. The in-home interview was collected using the Computer-Assisted Self-Interviewing (CASI) technology (Turner et al., 1998). The CASI increases respondents' feelings of privacy, which possibly reduces social desirability bias and increases the validity and reliability of responses. The CASI also allows students to

take as much time as necessary to complete the survey. The audio feature on the CASI allows respondents to hear the question in their headphones.

Students who completed Wave I were invited to participate in Wave III if they could be located. Wave III data were collected 7 years later from 2001 to 2002 when most respondents were 19-24 years old. During this time, most of the students were out of high school, so survey questions included information about work and postsecondary education. Participants who were currently married, cohabitating, or dating were asked questions about various aspects of housework, attitudes towards marriage, pregnancy, childbirth stories, infidelity, and violence. The romantic and sexual partners of about 1,500 participants were recruited for separate interviews, but these data are not included in this study.

The restricted-use version of the Add Health data were obtained by a contractual agreement from The University of North Carolina at Chapel Hill and The University of North Carolina at Greensboro. These restricted data include a larger sample than the public datasets. The public datasets are one-third the size of the restricted datasets and only include half of the core sample and half of the oversample of African American adolescents who had parents with college degrees. The secondary data analysis of the Add Health data was deemed exempt by the Institutional Review Board at The University of North Carolina at Greensboro (see Appendix A).

Strengths of the Data

According to Dennison and Russell (2005), Add Health data should be used to increase our understanding of positive sexuality development and positive outcomes to

reframe adolescent sexuality from risk and danger to including entitlement of pleasure, achieving pleasure, and experiences of enjoyment. One major strength of the Add Health data is it is one of the largest nationally representative longitudinal datasets to include questions on sexual behaviors and attitudes of adolescents, especially in the early 90s. The longitudinal data presents the opportunity for researchers to examine the sexual development of Black women over their lifetime. These data are also geographically diverse; thus, regional trends and differences can be explored. Add Health data also use CASI technology, which improves the reliability and validity of the measures of sensitive topics by allowing respondents to answer questions on a computer with privacy. Add Health contains an oversample of Black students with parents who have high education to be reflective of the national population, resulting in $n=1038$ Black participants from well-educated families (measured by one parent who has a college degree).

Limitations of the Data

The first limitation is the criteria that participants had to meet to receive sex-related questions in Wave I and relationship questions in Wave III. In Wave I, only participants who were over the age of 15 received questions about sexual attitudes and behaviors. In Wave III, only participants who had been in a relationship for at least three months received questions from the “relationship section” of the survey where relationship characteristics, sex initiation, and orgasm variables were measure. Participants who were in relationships shorter than three months or engaging in casual sex outside of relationships were not asked about their sexual experiences. The second limitation is that sexual intercourse is defined in a narrow, heterosexual way, as “. . .

when a male inserts his penis into a female’s vagina,” which excludes multiple types of sexual activity. Recall bias is another limitation of this study.

Sample

Eligibility Criteria

For this analysis, the sample was limited to women who identified as Black or African American. Participants who selected Black and another race were excluded from this sample; however, Black Hispanics were retained. Women under the age of 15 or were married in Wave I ($n=5$) did not receive questions about contraceptive self-efficacy, attitudes towards birth control and sex, or their perceptions of the consequences of pregnancy. Thus, for this study, they were excluded from the sample. Finally, participants who identified as a man at Wave III were excluded from the sample, leaving a final sample size of $N=1603$ for Aim 1 (see Table 1).

Table 1

Selection Procedures for Study Sample

Total Sample	20,745
Women	10480
Black	2533
Black and no other race	2251
Over 15 and not married in Wave I	1604
Identified as a woman at Wave III	1603

The sample size for Aim 2 is smaller due to the limited number of participants who received the outcome measures, which were included in the Wave III relationship

section. The total number of respondents that were included in the couple sample was N=216 (excluding those who were missing the data the final sample for analyses with sex initiation and orgasm).

Measures

A summary of all the measures used in this study is available at the end of this subsection in Table 2.

Paper 1—Independent Variables

Age. Age of participants was calculated by subtracting the date of the interview from the participant's birth date.

Sexual status. Participants were asked to report whether they had ever had sexual intercourse. Response options were yes, no, and don't know. Participants who selected don't know were included in the yes category (Beatty, Herrmann, Puskar, & Kerwin, 1998).

Pubertal timing. Participants were asked, "how advanced is your physical development compared to other girls your age?" Response options were (1) *look younger than most*, (2) *look younger than some*, (3) *I look about average*, (4) *look older than some*, and (5) *I look older than most*. Two dummy variables were created: look younger than peers and looks older than peers.

Religious importance. Participants were instructed to rank how important religion is to them on a 5-point Likert scale of (1) *strongly agree* to (5) *strongly agree*. Items were reverse coded so that higher scores equate higher religious importance.

Depressive symptoms. Depressive symptoms were measured by using an 18-item version of the CES-D (Radloff, 1977). Response options for the questions were (0) never or rarely, (1) *sometimes*, (2) *a lot of the time*, and (3) *most of the time or all of the time*. Four questions that were positively worded were reverse coded. Scores were summed, and the mean taken for the overall scores. Scores range from 0-3; higher scores equated more depressive symptoms $\alpha=.86$.

Self-esteem. Self-esteem was measured by six items (i.e., “you have a lot of good qualities; you feel socially accepted”). Participants were asked to respond on a 5-point Likert scale of (1) *strongly agree* to (5) *strongly disagree*. Response options were reverse coded, so higher scores equated higher self-esteem. There was strong reliability of the scale $\alpha=.82$. Since a bidirectional relationship between self-esteem and sexual guilt exists and this is a cross-sectional study, self-esteem was only used to predict pleasure expectancies.

Weight perception. Participants were asked to report on their perceived body weight response options were on a 5-point Likert scale of (1) *very underweight* to (5) *very overweight*.

Residential parent. A dummy variable was created for participants who did not live with their father as a proxy measure for father’s involvement and influence.

Paper 1—Outcome Variables

Pleasure expectancies. Participants were asked to rate on a 5-point Likert scale from (1) *strongly agree* to (5) *strongly disagree* to “If you had sexual intercourse it would give you a great deal of physical pleasure.” Items were reverse coded, so higher scores

equate higher expectations of physical pleasure. Participants could also select “don’t know” as a response option. Participants who selected don’t know were combined with the neither agree or disagree (3) response option.

Sexual guilt. Participants were asked to rate on a 5-point Likert scale from (1) *strongly agree* to (5) *strongly disagree* “If you had sexual intercourse you would feel guilt.” Items were reverse coded, so higher scores meant higher sexual guilt. Participants could also select don’t know as a response option. Participants that selected don’t know were combined with the neither agree or disagree (3) response option.

Age of sexual debut. Participants were asked, “how old were you the first time you had vaginal intercourse?”

Paper 2—Independent Variables

Relationship factors.

Relationship satisfaction. Participants were asked how satisfied are you with your relationship with your partner? Response options were on a 5-point Likert scale of (1) *very satisfied* to (5) *very dissatisfied*. Response options were reverse coded to higher scores mean more satisfaction.

Love partner. Participants in the couple sample were asked how much do you love your partner. Response options (0) were a lot, (1) somewhat, (2) a little, and (3) not at all. Response options were reverse coded, so higher scores mean more love.

Partner’s perceived amount of love. Participants in the couple sample were asked how much do you think your partner loves you. Response options were (0) *a lot*, (1)

somewhat, (2) a little, and (3) not at all. Response options were reverse coded, so higher scores indicate a perception of more love.

Egalitarianism. Participants in the couple sample were asked: “Considering what you put into the relationship compared to what you get out of it and what your partner puts into it compared to what they get out of it, who has the better deal in the relationship?” Response options were (1) *I am getting a much better deal*, (2) *I am getting a somewhat better deal*, (3) *we are both getting an equally good or equal bad deal*, (4) *my partner is getting the better deal*, and (5) *my partner is getting a much better deal*. Response options were combined into (1) *I am getting a better deal*, (2) *we have an equal deal*, and (3) *my partner is getting a better deal*. Three dichotomous variables were created, mirroring these three responses.

Partner-specific factors.

Partner’s religion. Religious importance was not measured among partners so a measure of church attendance was used. Response options were (0) *never*, (1) *less than once a year*, (2) *once or twice a year*, (3) *several times a year*, (4) *once a month*, (5) *two or three times a month*, (6) *nearly every week*, (7) *once a week*, and (8) *several times a week*. These response options were combined into (0) *never*, (1) *less than once a year*, (2) *yearly*, (3) *monthly*, and (4) *weekly*.

Partner has concurrent partners. Participants were asked if they perceived that their partner had other partners. Response options were yes, no, and I don’t know. A dichotomized variable was created, and those who said “I don’t know” were combined with the yes category.

Financial investment. Participants were asked if they had ever made a purchase of over \$500 with a partner. Response options were yes or no.

Age difference. Participants were asked to report their partner's current age. The participants' age was subtracted from their partner's age. Three categories were created: (1) *younger partner*, (2) *same age as their partner* (\pm one year), and (3) *older than their partner*. A dichotomous variable for having an older partner was created due to the power imbalances that may occur within relationships from having an older partner (Bauermeister, Zimmerman, Caldwell, Xue, & Gee, 2010; Seal, Smith, Coley, Perry, & Gamez, 2008).

Time known before having vaginal sex with partner. Participants were asked how long did you know the partner before you had vaginal sex with them. Response options ranged from (1) one day or less to (7) a year or more.

Physical violence. Physical violence was measure through two questions. Participants were asked to report how often their partner slapped, kicked, or hit them. Participants were also asked to report how often their partner has threatened them with violence, pushed or shoved you, or thrown something at you that could hurt you. Response options for both questions were *never*, *once*, *twice*, *3-5 times*, *6-10 times*, *11-20 times*, and *more than 20 times*. One time was the most common report among those who experienced physical violence (14%) and verbal threats (8.3%). Two dichotomous variables were created (one per question) so that those who reported any physical violence or threats (1) and those who did never experienced physical violence (0).

Paper 2—Outcome Variables

Sex initiation by partner. Participants in the couple sample were asked, “in all the types of sexual relations that you and your partner have which of you typically initiates sex?” Response options were (1) *I always do*, (2) *I usually do*, (3) *we initiate equally often*, (4) *partner usually does*, and (5) *partner always does*. The response options were collapsed into three groups: (1) *I initiate*, (2) *equally initiate*, and (3) *my partner initiates*.

Orgasm. Participants in the couple sample were asked, “When you and your partner have sexual relations, how often do you have an orgasm, that is, climax or come?” Response options were (0) *never/hardly*, (1) *less than half the time*, (2) *about half the time*, (3) *more than half the time*, and (4) *most of the time/every time*. This variable was dichotomized into those that have an orgasm more than half the time as (1) and all other response options as (0) similar to previous research (Pearson, 2018; Scroggs, Madrigal, & Faflick, 2019).

Paper 2—Covariates

Age. Participants’ current age was calculated using the date of the in-home survey administration and their birth date.

Religious importance. Participants were asked, “How important is religion to you?” Stem options were (0) *not important*, (1) *somewhat important*, (2) *very important*, and (3) *more important than anything else*.

Relationship length. Participants were asked how old were you when your relationship began with their current partner. To calculate their relationship length their age when the relationship began was subtracted from their current age

Table 2

Description of Study Measures

Name	Measurement	Wave	Variable Type	
			Paper 1	Paper 2
Region	Categorical	1 & 3	Survey Weight	
Age	Continuous	1 & 3	IV	Control
Religion	Ordinal	1 & 3	IV	Control
Depressive Symptoms	Ordinal (S)	1	IV	
Pubertal Timing	Categorical	1	IV	
Residential Dad	Categorical (D)	1	IV	
Self-esteem	Ordinal (S)	1	IV	
Weight Perception	Categorical	1	IV	
Sexual Status	Categorical (D)	1	IV	
Sexual Guilt	Ordinal	1	DV	
Pleasure Expectancies	Ordinal	1	DV	
Age of First Intercourse	Continuous	1	DV	
Relationship Satisfaction	Ordinal	3		IV
Love for Partners	Ordinal	3		IV
Partner's Perceived Love	Ordinal	3		IV
Better Deal in Relationship	Categorical	3		IV
Length of Relationship	Continuous	3		Control
Age Difference	Continuous	3		IV
Time Known Before Having Vaginal Sex	Continuous	3		IV
Partner's Religion	Categorical	3		IV
Partner Concurrency	Categorical (D)	3		IV
Financial Investment	Categorical (D)	3		IV
Physical Violence	Categorical	3		IV
Verbal threats	Categorical	3		IV
Sex Initiation	Categorical (D)	3		DV
Orgasm frequency	Categorical (D)	3		DV

Note: IV= independent variable; DV= dependent variable; Ordinal=Likert scale; (D)= dichotomous; (S)=sum score of multiple questions to create one variable.

Research Aims and Questions

Aim 1: To examine the association between individual characteristics, sexual guilt, pleasure expectancies, and age of sexual debut among Black women in adolescence.

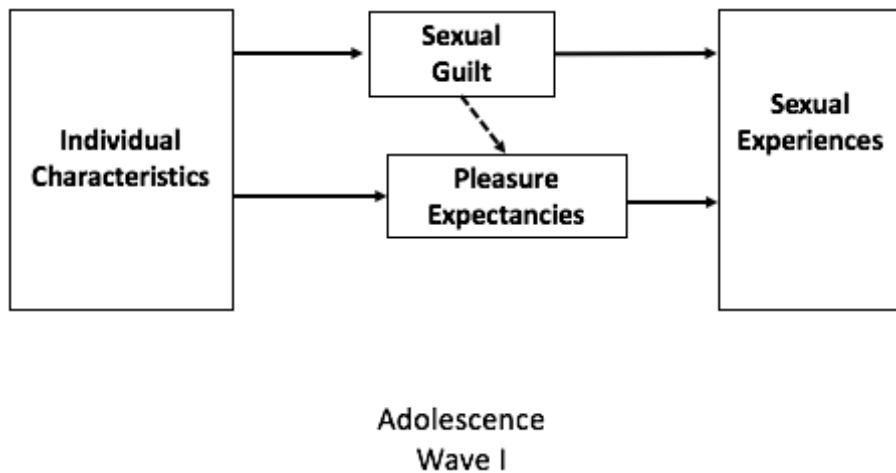


Figure 2. Conceptual Model for Aim 1.

The rationale for Aim 1: This aim examines the extent to which individual characteristics predict sexual guilt, pleasure expectancies, and age of sexual debut. To date, there is very little information about what factors predict pleasure expectancies among Black adolescent women besides one study, which found that school-level factors, socioeconomic status, and age of sexual debut were all predictors of pleasure expectancies for Black adolescent women (Pearson, 2018). However, that study was more focused on comparative differences between races than differences among the same race. There is limited research on sexual guilt over the last decade; thus, this study aims to fill this gap by investigating factors associated with a feeling that Black women are

more prone to than their White counterparts. This work will also build upon previous sexual debut research.

Research Question 1: What is the association between individual characteristics and Black adolescent women's pleasure expectancies?

Hypothesis: There will be a significant positive association between age, sexual status, self-esteem, pubertal timing, and pleasure expectancies. There will be a significant negative association between religious importance, weight perception, depressive symptoms, not having a residential father, and pleasure expectancies.

Research Question 2: What is the association between individual characteristics and Black adolescent women's sexual guilt?

Hypothesis: There will be a significant positive association between religious importance, depressive symptoms, sexual status, not having a residential father, pubertal timing, weight perception, and sexual guilt. There will be a significant negative association between age, self-esteem, and sexual guilt.

Research Question 3: Do pleasure expectancies and sexual guilt predict Black adolescent women's age of sexual debut?

Hypothesis: There will be a significant positive relationship between sexual guilt and the age of sexual debut. There will be a significant negative relationship between pleasure expectancies and age of sexual debut.

Aim 2: To examine the association between relationship and partner-specific factors and Black heterosexual women's sexual experiences in adulthood (see Figure 3).

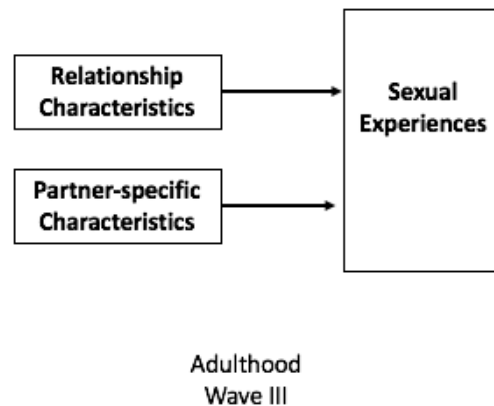


Figure 3. Conceptual Model for Aim 2 Longitudinal Study.

Rationale for Aim 2: This aim will examine how relationship- and partner-related factors affect heterosexual Black women’s sexual experiences (i.e., orgasm frequency and sex initiation) in adulthood. Research has shown that Black women are more likely than White women to report that their partner initiates sex, but there is limited research to explain what factors influence their decision to initiate sex. There is a dearth of literature on love, relationship satisfaction, and equality in Black heterosexual relationships. These factors could influence the power dynamics within their relationships, sexual decision making (i.e., initiating sex) and their sexual experience (i.e., orgasms). Black women may adhere to a conservative sexual script, which includes feeling more guilt and not initiating sexual intercourse from fear of being stereotyped and influences of religiosity (French, 2013; Ward et al., 2019).

Research Question 1: What is the association between relationship factors and initiating sexual intercourse with a partner?

Hypothesis: Black women who report more love for their partner, that their partner loves them more, higher relationship satisfaction, having the better deal, or egalitarianism in

their relationship will report initiating sex with their partner most of the time or initiating sex equally as often as their partner.

Research Question 2: What is the association between partner-specific factors and initiating sexual intercourse with a partner?

Hypothesis: Black women who have an older partner, a partner who is more religious, has a large financial investment with them, and a partner that has physically harmed or threatened them will be more likely to report that their partner initiates sex most of the time.

Research Question 3: What is the association between relationship characteristics and orgasm frequency?

Hypothesis: Black women who report more love for their partner, that their partner loves them more, higher relationship satisfaction, and having the better deal or egalitarianism in their relationship will report having orgasms more than half the time.

Research Question 4: What is the association between partner-specific factors and orgasm frequency?

Hypothesis: Black women who have an older partner, a partner who is more religious, has a large financial investment with them, and a partner that has physically harmed or threatened them will be less likely to report having an orgasm more than half the time.

Analytic Plan

Data analysis was completed using STATA version 16. After removing individuals that do not meet the inclusion criteria, recoding and constructing variables,

basic descriptive statistics, correlation matrixes, and normality tests were conducted to examine the characteristics and trends in the data.

Due to the sampling design, sampling weights were added to each analysis to reduce the likelihood of underestimating standard errors and Type 1 error. Based on the Guidelines for Analyzing Add Health data document (Chen, 2014), in single-level models, the single grand sample weight for that wave will be used. The cross-sectional grand sample weight for Wave 1 was used in the analysis to address Aim 1. In the age of sexual debut analyses, the cross-sectional grand sample weight for Wave III was used because the outcome variable (age of sexual debut) was measured at Wave III. The grand sample weight for Wave III was used in all Aim 2 analyses. Chen (2014) states that syntax for subpopulation analysis must be used, including the stratification variable (region) and the primary sampling unit, which in this case, is Black women. The incorrect method of performing subpopulation analysis is to remove cases that are not in the subpopulation to create a subset of data. Thus, the subpopulation sampling unit variable was used unless otherwise stated.

In order to address Research Questions 1 and 2 of Aim 1, two linear regressions were conducted to examine the relationship between individual characteristics and pleasure expectancies and sexual guilt by sexual status, respectively. Previous research using Add Health data has shown differences in sexual guilt and pleasure expectancies by students who were sexually active versus those who were not (Pearson, 2018). In order to account for these differences, analyses were run two ways: (a) by sexual status, and (b) as one combined sample. Finally, to address Research Question 3, a linear regression was

conducted to examine if pleasure expectancies and sexual guilt predicted the age of sexual debut when controlling for significant characteristics from Research Questions 1 and 2.

In order to address Research Questions 1 and 2 of Aim 2, three weighted logistic regressions were conducted to examine the association between relationship factors and partner-specific factors with initiating sex. Separate models were used to examine the three dichotomous outcomes of participant initiates sex, equal sex initiation, and partner initiates sex. In the models examining sex initiation, the participant having a better deal was the referent group with equal deal, and partner has the better deal included in the model. In order to address Research Questions 3 and 4, two weighted logistic regressions were conducted examining the association between relationship factors and orgasm frequency. In all analyses, the age of participants, religious importance, and relationship length were controlled for in each model.

CHAPTER IV

**PLEASURE EXPECTANCIES, SEXUAL GUILT, AND AGE OF SEXUAL
DEBUT AMONG BLACK ADOLESCENT WOMEN**

Abstract

Adolescent sexuality is often framed as a time of sexual risk and deviance instead of from a comprehensive, sex positive framework, which includes investigating both positive and risk reduction factors. This study examined the extent to which individual characteristics influenced Black adolescent women's sexual pleasure expectancies, sexual guilt, and age of sexual debut. Cross-sectional and longitudinal analyses were conducted using data from Wave I and III of the National Longitudinal Study of Adolescent to Adult Health. The sample consisted of Black adolescent women who were over the age of 15 at Wave I ($N=1426$) and those who participated in Wave III ($N=982$). Linear regressions were conducted using STATA version 16. Results indicated that there were significant differences in individual characteristics between Black adolescent women that were sexually active and those that were not. Religious importance, having a residential father, as well as pubertal timing, were significantly associated with sexual guilt, pleasure expectancies, and age of sexual debut. Understanding how individual characteristics interact with one another is important to achieve sexual health equity and intimate justice for Black adolescent women so they can have pleasurable, shame-free sexual experiences.

It shouldn't be this hard for Black women and femmes to exist as sexual beings—who openly revel in their bodies instead of wallow in shame, and pursue pleasure unapologetically instead of shying away from it. . . . When people aren't given the space to authentically express their sexuality, that expression will manifest as shame . . . And so a vicious cycle exists for Black women and femmes when it comes to seeking their pleasure. (Black Youth Project, 2019 paras. 2, 10)

Black women have multiple marginalized identities. They are exposed to stereotypes and are hypersexualized throughout their lifespan (Bowleg, 2012; Stephens & Phillips, 2003). These race-based stereotypes can negatively affect their sexual experiences and sexual development in early adolescence (Crooks, Sales, Thuczek, & Sales, 2019), highlighting the need for intimate justice for Black adolescent women. Intimate justice is a theoretical framework that links experiences of inequity with how individuals imagine and report the quality of their sexual relationships and experiences (McClelland, 2010). Intimate justice encourages researchers to question how social conditions and characteristics such as racial and gender stereotypes, stigma, and physical characteristics (i.e., emotional, mental, physical, sexual) impact what individuals feel they deserve and what they expect (i.e., pleasure expectancies) in their intimate lives (McClelland, 2010). To date, there has been limited research on intimate justice in adolescence, especially among Black women. Intimate justice requires we examine factors that may create barriers to sexual health and pleasurable sexual experiences (i.e., sexual shame). Research has typically focused on investigating these individual characteristics separately, so a key piece of this research study is assessing them together to advance the work on intimate justice among Black adolescent women.

In adolescence, individual characteristics such as physical development (i.e., pubertal development and weight perception), emotional and mental well-being (i.e., depressive symptoms, self-esteem, and religiosity), and family structure (i.e., father's residency) can all influence Black adolescent women's sexual experiences, especially as it relates to sexual guilt and pleasure expectations. Thus, the intimate justice framework can be useful for understanding how characteristics and experiences in adolescence affect Black women's sexual behaviors, with implications for overall sexual health.

Sexual guilt is an emotional reaction that generates feelings of shame or anxiety when behaviors are inconsistent with someone's moral, ethical, or religious values (Mosher & Cross, 1971; Murray et al., 2007). Black adolescent women may feel heightened guilt for engaging in premarital sexual intercourse due to respectability politics. Respectability politics states Black women should not have sex until they are in committed, loving relationships to reduce the likelihood of them being stereotyped and hypersexualized by society (French, 2013; Higginbotham, 1993; Johnson, 2013). As a result, sexual guilt has been correlated with sexual shame, lower levels of self-esteem (Velotti, Garofalo, Bottazzi, & Caretti, 2017), lower levels of sexual desire (Woo, Brotto, & Gorzalka, 2011), less sexual activity (Emmers-Sommer et al., 2018), and fewer positive expectancies of sex (Emmers-Sommer et al., 2018). Black adult women (even those who are not religious) report higher levels of sexual guilt than their White peers (Wyatt & Dunn, 1991), but we do not know if the same is true for Black adolescent women.

Sexual guilt may inform Black adolescent women's sexual decision making resulting in delayed sexual debut for fear of being ridiculed. Previous research with a multiracial sample found that adolescent women who anticipated feeling sexual guilt waited longer to have vaginal sex (Guzzo, Lang, & Hayford, 2019). Since sexual guilt in adolescence can have lasting effects on Black women's adult sexual experiences, well-being, and mental health (i.e., higher rates of depression) (Vasilenko, Lefkowitz, & Welsh, 2014), it is important to investigate the characteristics that place Black women at elevated risk of experiencing sexual guilt.

Expectations determine how we interpret and evaluate our sexual experiences. Black adolescent women's expectations of sexual pleasure could be a key determinant in whether they engage in sexual intercourse or not and at what age they engage in sexual intercourse. To date, there is no research conducted solely on pleasure expectancies of Black adolescent women. In a multiracial sample, Black adolescent women reported lower expectations of sexual pleasure than their White counterparts (Pearson, 2018). This could be partially explained by Black adolescent women being less likely to receive comprehensive sexuality education than their White peers (Habersham, 2015) and lack of pleasure inclusive sexuality education (Fine & McClelland, 2006; Koepsel, 2016; Lamb, Lustig, & Graling, 2013). Black adolescent women may also feel the anticipation of sexual guilt trumps the possibility of having pleasurable sex.

Sexual motivation research indicates that one of the most common reasons for engaging in sexual activity is receiving physical pleasure (Meston & Buss, 2007). Although someone chooses to have sex for physical pleasure, it does not mean that they

expect to experience pleasure if they engage in sexual intercourse (Ott, Millstein, Ofner, & Halpern-Felsher, 2006). For example, one may want to experience physical pleasure, but have trouble achieving it (Ott et al., 2006). These expectations could also be influenced by individual factors, such as religiosity, which typically deems premarital sex as a sin and could reduce expectancies of pleasure. Pleasure expectancies yet to be explored in a sample of Black adolescent women. We need to understand what individual characteristics influence expectations of pleasure. Although expecting sexual pleasure been linked to earlier sexual debut, adolescent women who have higher pleasure expectancies are more likely to have oral sex before vaginal sex (Guzzo et al., 2019). This suggests that these adolescent women may minimize the risk of contracting sexually transmitted infections (STIs) from oral sex (Guzzo et al., 2019) and that they are engaging in behaviors that reduce their fear of unintended pregnancy.

Understanding how individual characteristics affect experiences of sexual guilt and expectations of sexual pleasure can aid in the movement towards intimate justice for Black women. This knowledge could guide interventions by targeting the characteristics that heighten their anticipation of sexual guilt and decrease their expectations of pleasure. Failure to use a comprehensive instead of a deficit-based approach (e.g., focus on preventions of STIs, HIV, and unintended pregnancies), can have negative consequences (Gruskin & Kismödi, 2020). Sexual health research on Black women throughout their lifespan has typically taken a deficit-based approach (Hargons et al., 2018), focusing on very little assets (Ware et al., 2019). Despite definitions stating that pleasure is part of sexual health (WHO, 2006), very little research addresses pleasure in the context of

sexual development, especially among Black adolescent women. This absence is notable since pleasure is experienced in diverse ways across the lifespan (Gruskin & Kismödi, 2020). Accordingly, the purpose of this study was to examine the associations between individual characteristics, sexual guilt, pleasure expectancies, and age of sexual debut to promote sexual health equity and intimate justice for Black adolescent women. Three research questions guide this study:

1. What is the association between individual characteristics and Black adolescent women's pleasure expectancies?
2. What is the association between individual characteristics and Black adolescent women's feelings of sexual guilt?
3. Do pleasure expectancies and sexual guilt predict Black women's age of sexual debut?

Methods

Data

In this study, restricted Wave I and Wave III Add Health data were analyzed. Add Health is a nationally representative longitudinal study of seventh- to 12th-grade students who were first interviewed during the 1994-1995 school year (Wave I). The Add Health sample of 20,745 students was taken from a random sample of high schools in the United States that was stratified by region, urbanicity, size, type, racial composition, and grade span. To address Research Question 3, Wave I and Wave III data (collected in-home from 2001 to 2002) were used to conduct a longitudinal analysis. Participants were 20-28

years old at Wave III when the age of sexual debut was measured; the analytic sample for Research Question 3 includes only participants who were sexually active at Wave III.

Sample

This sample was restricted to respondents who identified as female ($N=10,480$) who selected that they were Black ($N=2533$). Only participants who did not select another race were included in the sample ($N=2251$). Since only participants who were 15 and over and not married received questions related to sex in Wave I, the sample was limited to those participants ($N=1603$). Participants for whom data were missing on our outcome variables were also excluded, which left an overall sample size of $N=1426$ for cross-sectional analyses and $N=982$ for longitudinal analyses.

Measures

Independent variables.

Age. The age of participants was calculated by subtracting the date of the interview from the participant's birth date.

Sexual status. Participants were asked to report whether they had ever had vaginal sexual intercourse. Response options were yes, no, and don't know. Similar to previous work, participants who selected don't know were included in the yes category (Beatty et al., 1998).

Pubertal timing. Participants were asked, "how advanced is your physical development compared to other girls your age?" Response options were (1) *look younger than most*, (2) *look younger than some*, (3) *I look about average*, (4) *look older than*

some, and (5) *I look older than most*. Two dummy variables were created: look younger than peers and looks older than peers.

Religious importance. Participants were instructed to rank how important religion is to them on a 5-point Likert scale of (1) *strongly agree* to (5) *strongly disagree*. Items were reverse coded so that higher scores equate higher religious importance.

Depressive symptoms. Depressive symptoms were measured by using an 18-item version of the CES-D (Radloff, 1977). Response options for the questions were (0) *never or rarely*, (1) *sometimes*, (2) *a lot of the time*, and (3) *most of the time or all of the time*. Four positively worded questions were reverse coded. Scores were summed, and the mean taken for the overall scores. Scores range from 0-3; higher scores equated more depressive symptoms $\alpha=.86$.

Self-esteem. Self-esteem was measured by six items (i.e., “you have a lot of good qualities; you feel socially accepted”). Participants were asked to respond on a 5-point Likert scale of (1) *strongly agree* to (5) *strongly disagree*. Response options were reverse coded, so higher scores equated higher self-esteem. There was strong reliability of the scale $\alpha=.82$. Since self-esteem and sexual guilt are highly correlated, self-esteem was only used to predict pleasure expectancies.

Weight perception. Participants were asked to report on their perceived body weight. Response options were on a 5-point Likert scale of (1) *very underweight* to (5) *very overweight*.

Father’s non-residency. A dummy variable was created for participants who did not live with their father as a proxy measure for father’s involvement and influence.

Outcome variables.

Pleasure expectancies. Participants were asked to rate on a 5-point Likert scale from (1) *strongly agree* to (5) *strongly disagree* with “If you had sexual intercourse it would give you a great deal of physical pleasure.” Items were reverse coded, so higher scores equate higher expectations of physical pleasure. Participants could also select “don’t know” as a response option. Participants who selected “don’t know” were combined with the *neither agree or disagree* (3) response option.

Sexual guilt. Participants were asked to rate on a 5-point Likert scale from (1) *strongly agree* to (5) *strongly disagree* with “If you had sexual intercourse you would feel guilt.” Items were reverse coded, so higher scores meant higher sexual guilt. Participants could also select don’t know as a response option. Participants that selected don’t know were combined with the *neither agree or disagree* (3) response option.

Age of sexual debut. Participants were asked, “how old were you the first time you had vaginal intercourse?”

Analysis

For the following analyses, grand sample weights and subpopulation survey weights were used per the Add Health guidelines data analysis (Chen, 2014). In order to address Research Questions 1 and 2, linear regressions were conducted to examine relationships between individual characteristics and pleasure expectancies and sexual guilt by sexual status, respectively. Previous research using Add Health data has shown differences in sexual guilt and pleasure expectancies by students who were sexually active versus those who were not (Pearson, 2018). To account for these differences,

analyses were run two ways: (a) by sexual status, and (b) as one combined sample. Finally, to address Research Question 3, a linear regression was conducted to examine if pleasure expectancies and sexual guilt predicted the age of sexual debut when controlling for significant characteristics from Research Questions 1 and 2. Data were analyzed using STATA version 16. This study was approved by the institutional review board at The University of North Carolina Greensboro. Differences in the independent and outcome variables frequencies were examined by sexual status, and significance was measured using chi-square analyses and *t*-tests.

Results

A summary of demographics by sexual status, as well as frequencies on outcome variables, are reported in Table 3. The mean age of the participants was 16.4 years (range: 15-21). Overall, participants reported low depressive symptoms and high levels of self-esteem. Over 50% of participants reported not having a residential dad; however, only 4.2% of participants reported not having a residential mother. Participants were more likely to report that they looked older than younger than their peers (42.3% of those who were sexually active; 32.2% who are not sexually active). Approximately 58.2% of participants had engaged in sexual intercourse at Wave I. The age average of sexual debut at Wave III was 16.5 years old ($SD=.07$, range 10-25). Participants who were sexually active had lower feelings of sexual guilt ($p<.001$) and higher expectations of pleasurable sex ($p<.001$), compared to participants who were not sexually active. Sexually active participants were also more likely to perceive themselves as being

overweight ($p=.007$), be less religious ($p=.015$), and have more depressive symptoms ($p=.002$); however, their overall depressive symptoms were still low ($M=.77$; $SD=.02$).

Table 3

Weighted Descriptive Statistics and Outcome Frequencies by Sexual Status ($N=1426$)

	Sexually Active ($N=831$)	Not Sexually Active ($N=595$)	
	Proportion or $M \pm SD$	Proportion or $M \pm SD$	Chi-Square/ t -test p -value
Depression	.77 \pm .02	.64 \pm .02	.002*
Self-esteem	4.10 \pm .03	4.15 \pm .04	.252
Religious Importance			.015*
Not important	.0897	.134	
Fairly unimportant	.0089	.0099	
Fairly important	.2266	.1487	
Very important	.6749	.7074	
Weight Perception			.007*
Underweight	.1447	.1380	
About the right weight	.4468	.4789	
Overweight	.4084	.3832	
Pubertal Timing			
Looks older than peers	.4234	.3212	.058
Looks younger than peers	.2475	.3078	.07
No Residential Dad	.5969	.517	.090
<i>Dependent Variables</i>			
Sexual Guilt			<.001*
Strongly disagree	.1268	.0543	
Disagree	.3547	.1384	
Neutral	.2676	.2469	
Agree	.1795	.2793	
Strongly agree	.0714	.2811	

Table 3

Cont.

	Sexually Active (N=831)	Not Sexually Active (N=595)	
	Proportion or <i>M ± SD</i>	Proportion or <i>M ± SD</i>	Chi-Square/ <i>t</i> -test <i>p</i> -value
Expected Sex to be Pleasurable			<.001*
Strongly disagree	.0686	.1437	
Disagree	.1816	.1841	
Neutral	.4251	.4449	
Agree	.245	.1861	
Strongly agree	.0796	.0412	

The results of the linear regression testing the association between individual characteristics and pleasure expectancies showed that there was a significant association between not having a residential father and pleasure expectancies for participants that were sexually active when controlling for other characteristics in the model (see Table 4). Participants who were sexually active were significantly less likely to perceive sex to be pleasurable if they did not have a residential father. This model accounted for 3% of the variance ($R^2=.03$).

A sensitivity analysis was conducted which combined the entire sample in one model with sexual status as a predictor variable. The results of the full model showed that age ($\beta=.06$, $p=.023$), religious importance ($\beta= -.04$, $p=.045$), and not having a residential father ($\beta= -.13$, $p=.049$) were significant predictors of pleasure expectancies. Older

participants, those that were less religious, and those who had a residential father in the home were more likely to have higher pleasure expectancies (see Table 5).

Table 4

Weighted Linear Regression of Individual Characteristics Predicting Pleasure Expectancies by Sexual Status

	Sexually Active (N=819)			Not Sexually Active (N=580)		
	Coefficient	SE	p-value	Coefficient	SE	p-value
Age	.05	.08	.56	.07	.10	.51
Depression	-.18	.44	.71	-.09	.19	.67
Self-esteem	-.16	.15	.35	-.14	.16	.47
Religious importance	.004	.05	.93	-.09	.11	.47
Weight perception	.06	.04	.28	-.09	.08	.34
Looks younger	-.07	.15	.65	-.19	.32	.60
Looks older	.18	.14	.30	.01	.02	.56
Father's non- residency	-.11*	.02	.02*	-.18	.09	.15
R ²	.03			.03		

** $p < .01$; * $p < .05$ SE= standard error.

Table 5

Sensitivity Analysis: Weighted Linear Regression of Individual Characteristics Predicting Pleasure Expectancies (N=1399)

	Coefficient	SE	p-value
Sexual status	.26	.12	.12
Age	.05	.01	.02*
Depression	-.16	.25	.56
Self-esteem	-.15	.05	.05
Religious importance	-.04	.01	.045*
Weight perception	-.01	.03	.86
Looks younger	-.11	.07	.25
Looks older	.13	.07	.16
Father's non-residency	-.13	.04	.049*
R ²	.04		

** $p < .01$; * $p < .05$ SE= standard error.

There were significant associations between individual characteristics and sexual guilt (see Table 6). Among participants who were sexually active, higher levels of religious importance were associated with more feelings of sexual guilt ($p=.03$). Also, sexually active participants who reported looking younger ($p=.049$) or having a residential dad in the home ($p=.02$) had more feelings of sexual guilt. This model explained 6% of the variance ($R^2=.06$). Among participants who were not sexually active, those who reported having a residential father in the home also reported a higher level of sexual guilt (marginally significant, $p=.05$). This model explained 2% of the variance ($R^2=.02$).

Table 6

Weighted Linear Regression of Individual Characteristics Predicting Sexual Guilt by Sexual Status

	Sexually Active (N=820)			Not Sexually Active (N=582)		
	Coefficient	SE	p-value	Coefficient	SE	p-value
Age	-.08	.03	.08	-.07	.03	.12
Depression	.09	.23	.73	.15	.53	.80
Self-esteem	-.12	.20	.58	.12	.32	.72
Religious Importance	.10	.02	.03*	.06	.08	.50
Looks younger	.19	.06	.049*	.04	.31	.90
Looks older	.18	.19	.40	-.02	.14	.91
Weight perception	-.09	.06	.24	-.02	.12	.88
Father's residency	-.35	.09	.02*	-.14	.04	.05
R^2	.06			.02		

** $p<.01$; * $p<.05$ SE= standard error.

Sensitivity analyses were conducted, which included all participants in one model with sexual status as a predictor variable. The results of this model showed that religious importance ($\beta = .04, p = .007$) and not having a residential dad ($\beta = -.26, p = .007$), and sexual status ($\beta = -.85, p = .02$) were significantly associated with sexual guilt. Participants who were more religious, had a residential father, and were not sexually active were more likely to report feelings of sexual guilt (see Table 7).

Table 7

Sensitivity Analysis: Weighted Linear Regression of Individual Characteristics Predicting Sexual Guilt ($N = 1402$)

	Coefficient	<i>SE</i>	<i>p</i> -value
Sexual status	-.85	.16	.02*
Age	-.07	.02	.07
Depression	.12	.06	.16
Self-esteem	-.02	.06	.80
Religious importance	.08	.01	.007**
Looks younger	.11	.16	.53
Looks older	.10	.16	.57
Weight perception	-.06	.08	.50
Father's non-residency	-.26	.04	.007**
R^2	.15		

** $p < .01$; * $p < .05$ *SE* = standard error.

Finally, results of the linear regression predicting age of sexual debut showed that sexual guilt and pleasure expectancies in adolescence did not predict age of sexual debut when controlling for significant individual characteristics found in research questions 1 and 2. However, participants who reported looking older had sex at significantly younger

ages ($p=.003$), and those who were more religious had sex at later ages ($p=.006$). This model accounts for 9% of the variance in explaining the age of sexual debut (see Table 8).

Table 8

Weighted Linear Regression of Sexual Guilt and Pleasure Expectancies in Adolescence Predicting Age of Sexual Debut ($N=982$)

	Coefficient	<i>SE</i>	<i>p</i> -value
Sexual guilt	.29	.27	.36
Pleasure expectancies	-.25	.10	.08
Religious importance	.19	.09	.006**
Looks younger	.14	.11	.31
Looks older	-.64	.06	.003**
Father's non-residency	-.10	.19	.65
R^2	.09		

** $p<.01$; * $p<.05$ *SE*= standard error.

Discussion

This study examined pleasure expectancies, sexual guilt, and age of sexual debut among Black adolescent women. Research has typically focused on one or two individual characteristics and their influence on Black adolescent women's sexuality; however, in this study, we assessed the characteristics combined in one model. The results highlight that sexual status, religious importance, pubertal timing, and father's residency are associated with Black adolescent women's pleasure expectancies, feelings of sexual guilt, and age of sexual debut.

Absence of Pleasure

Overall, participants reported more sexual guilt and had lower expectations of pleasure. These findings could be linked to the dominant narrative in the current society of sex being focused on male pleasure (Brown, Schmidt, & Robertson, 2018; Fahs, 2014). In this sample, more Black adolescent women selected the neutral category for pleasure expectancies compared to sexual guilt, which could mean that they are not able to conceptualize sexual pleasure in a way that is meaningful during adolescence. There has been one qualitative study exploring definitions of sexual pleasure among Black emerging adults (ages 18-24) (Hargons et al., 2018); however, the same has not been explored among teenage samples. Hargons and colleagues (2018) found Black emerging adult women attributed their experiences of sexual pleasure during sexual intercourse to male performance and sexual knowledge. Women did not mention that they were able to in charge of their own pleasure; however, they noted that their comfort with their partner and their body enhanced their sexual experiences. Black women also noted that while Black men expected pleasure during sexual intercourse, it was only a “hope” for them, but as their relationship length increased, their expectations of pleasure also increased (Hargons et al., 2018). Additional qualitative work is needed around Black adolescent women’s pleasure expectancies to understand how they define sexual pleasure, type of messages they receive around sexual pleasure, and which socializing agents (i.e., parents, peers, media, society) have the largest influence on their expectations of sexual pleasure.

During the time of Wave I data collection, funding streams increased to support federal funding for abstinence-only education (Fine & McClelland, 2006). As a result,

Black adolescent women in this study may have received shame-based sexuality education that did not highlight the positive aspects of sex, including pleasure, desire, and intimacy (Koepsel, 2016; Lamb et al., 2013). Since then, there have been advances in sexuality education from abstinence-only to comprehensive, however pleasure-informed sexuality education is still missing. In 2019, WAS declared that “sexual pleasure [should] be integrated into education, health promotion and service delivery . . .” (para. 7). Thus, sexuality education curricula should focus on advancing Black adolescent women’s expectations of sexual pleasure to promote healthy sexual development.

Religious Importance and Sexual Development

Similar to existing work (Cuffee, Hallfors, & Waller, 2007), in this study, Black adolescent women who were not sexually active were more likely to be religious. Black adolescent women who reported higher religious importance were significantly more likely to feel sexual guilt, have lower expectations of sexual pleasure, and have their sexual debut at a later age, similar to previous studies (Landor, Simons, Simons, Brody, & Gibbons, 2011; McCree, Wingood, DiClemente, Davies, & Harrington, 2003; Wyatt & Dunn, 1991). This suggests that religiosity may teach Black adolescent women to feel shame if they have sexual intercourse; thus, religious importance may delay sexual debut. However, religious importance was not significantly associated with sexual guilt for women who were not sexually active, despite reporting higher levels of religious importance than those who were sexually active. Although the delay in sexual debut may be seen as a positive, we cannot ignore how Black adolescent women may be more likely to feel guilt, while being less likely to have pleasurable experiences and advocate for

their pleasure once they decide to have sex. Sexual guilt can result in negative emotional, mental, and physical health outcomes throughout their lifetime. It is critical to explore other avenues of delaying sexual debut while reducing Black adolescent women's feelings of sexual guilt and increasing their self-confidence to advocate for their pleasure.

Often Black women who are religious face barriers (e.g., guilt, shame, fear of judgment) to exploring and obtaining sexual pleasure (e.g., Christianity has linked premarital sex to sin and as morally wrong) (Harris-Perry, 2011; Moultrie, 2017). Religiosity has been linked to respectability politics, which were created to challenge stereotypes of Black women as immoral and sexually deviant by promoting expectations to behave "respectably" in order to preserve their self-image and dignity, along with racial pride in Black women (French, 2013). Some religions teach that women should hold fast to their values and demonstrate self-respect by not having sex (Higginbotham, 1993). Religious messages can also create a culture of silence for Black adolescent women due to feelings of uncomfortableness and shame with discussing sex and sexual desires (Crooks, King, & Tluczek, 2019). Black churches are slowly becoming open and supportive of sexual health programming, yet often still focus on abstinence-only sexual health promotion (Powell et al., 2017). Nonetheless, they offer a unique opportunity and setting for adolescent sexual health promotion.

Moving "Fast" to Sexual Debut without Feelings of Guilt

In this study, perceived pubertal development was significantly associated with sexual debut. Black adolescent women who perceived that they looked older than their peers were more likely to have sex at earlier ages. Black adolescent women who are

“early bloomers” are typically labeled as “fast” and promiscuous by society, which in turn increases their likelihood of being hypersexualized (Crooks, King, Tluczek, & Sales., 2019; Parker, 2018; Stevenson, 2012). Research has shown that some older Black women may label younger Black women as “fast” to protect them from engaging in sexual risk behaviors and avoid stereotypes from others (Crooks, King, Tluczek, & Sales., 2019), while for some Black adolescent women being labeled fast only encouraged them to participate in sexual intercourse (Crooks, King, & Tluczek, 2019). Early bloomers may receive unwanted sexual attention or pressure from older male partners to engage in sexual intercourse at earlier ages (Crooks, King, Tluczek, & Sales, 2019) and may be prone to being sexually stereotyped, experiencing premature sexualization and objectification. More research is needed to understand the influence of perceived pubertal development in the sexual socialization process for Black adolescent women (Parker, 2018; Stevenson, 2012) as well as how to protect adolescent women from the deleterious effects of sexualization and objectification (American Psychological Association, 2008).

Black adolescent women often struggle with expressing their sexual desire and face judgment from their peers when they act on their desire, especially those who are more developed than their peers (Lamb et al., 2016). However, in this study, Black women who looked younger were more likely to anticipate feelings of sexual guilt. Black adolescent women have often embraced looking older or developing faster than their counterparts, including embracing their curves (Frisby, 2004; Hesse-Biber, Howling, Leavy, & Lovejoy, 2004), but also feel anxious about how society might read their bodies

and unwanted sexual attention (Lamb et al., 2016). Thus, Black adolescent women who perceive that they look younger than their peers (“late bloomers”) possibly feel more guilt because they may acknowledge how their “early bloomer” peers are treated by society for engaging in sexual behaviors.

The Role of Black Fathers in Sexual Development

Finally, father’s residency was significantly associated with expectations of both pleasure and sexual guilt. Having a residential father resulted in higher expectations of pleasure and sexual guilt. Fathers communicate with their daughters less frequently than they do with their sons about topics related to sexual health (Wyckoff et al., 2008). When Black fathers communicate with their daughters, the conversation tends to focus on the father’s attitudes and thoughts toward teenagers who have sex, the benefits of abstinence, and promoting societal and cultural values (Kapungu et al., 2010; Sneed, Somoza, Jones, & Alfaro, 2013). Having a residential father potentially increases the likelihood of father-daughter sexual communication in which they may learn that they should wait until marriage to have sex, and the anticipation of sexual guilt may develop. When Black fathers convey their attitudes and beliefs regarding sexual behavior to their daughters, these messages influence their sexual beliefs and experiences (Dittus, Jaccard, & Gordon, 1997; Stephens & Few, 2007). Not having a residential father may also shift the type of messages that Black adolescent women receive from their mothers, focusing less on pleasure and using fear tactics to keep them from engaging in sexual intercourse to prevent unintended pregnancy. Sexual health education curricula should include fathers to foster conversations with their daughters about sexual health. Curricula could focus on

making parents (of all genders) more comfortable with discussing the positive aspects of sexuality, validating their child's (including their daughter's) sexual thoughts and feelings, and emphasizing sexual pleasure as natural and healthy (Harden, 2014; Robinson et al., 2002; Saliarez, Wilkerson, Sieving, & Brady, 2017). Research has shown that communicating the positive aspects of sexuality is associated with more positive attitudes (e.g., less sexual guilt) toward sex initiation, higher self-efficacy for communication about sex, more open communication, and heightened condom-use self-efficacy (Ritchwood, Penn, Peasant, Albritton, & Corbie-Smith, 2017).

Limitations

These results should be contextualized within the specifics of the study design. First, despite the measure of pleasure expectancies being included in a large national survey for adolescents, the measure prompted participants to only think about pleasure within the context of intercourse defined by Add Health as heterosexual vaginal sex. There are many sexual behaviors that could be pleasurable for participants other than vaginal sex (especially women) (Herbenick, Fu, Arter, Sanders, & Dodge, 2018). This heteronormative focus makes generalization to sexual minority women impossible. This also limits our understanding of sexual guilt to only vaginal sex. Future research needs to explore sexual guilt as it relates to a more comprehensive set of sexual behaviors (Scroggs et al., 2019). Second, only participants ages 15 and older received sex-related questions, so the results of this study are limited to this age group. Third, the Add Health study includes a question about father closeness; however, this question was not asked of participants who did not have residential fathers. Black adolescent women's closeness

with their fathers as well as father involvement and sexual communication, regardless of residential status, should be measured in future research to provide a clearer picture of the specific father-daughter processes that influence pleasure expectancies and sexual guilt. Fourth, since the time of Wave I data collection, depression rates have risen in adolescent populations as well as the use of social media platforms. Research has shown that young adults who spent more time on Instagram, Facebook, and other platforms were shown to have higher rates of reported depression than those who spent less than 60 minutes a day on social media (13% vs. 66%, respectively) (Lin et al., 2016). Social media also has adverse effects on women's weight perception, body image, and self-esteem (Perloff, 2014). Therefore, Black adolescent women's depressive symptoms, weight perception, perceived pubertal development, and self-esteem may be different now compared to the reports from the 1990s. Students also have access to more comprehensive sexuality education (online and in schools), which influences the type of information people can receive about sexual health topics. Therefore, exposure to sexuality education should also be measured in future studies. Finally, some of the linear regression model, specifically those predicting pleasure expectancies, have small effect sizes, which means there are other factors influencing their expectancies. Future research is needed to further explain Black adolescent women's sexual pleasure expectancies.

Conclusion

There are several individual characteristics that influence Black adolescent women's feelings of sexual guilt, pleasure expectancies, and age of sexual debut, including their religious importance, pubertal timing, and father's residency. More

qualitative research is needed to explore pleasure expectancies and the definition of pleasure among Black adolescent women. To move the field of public health forward, we need a more comprehensive approach to adolescent sexual health research and programming, especially among marginalized groups such as Black adolescent women (Harden, 2014; Hargons et al., 2018; Morgan, 2015). This includes moving beyond deficit-based approaches to those that are sex positive and bring attention to pleasure and the ways Black adolescent women expect sexual pleasure or feel sexual guilt in the face of economic, social, cultural, political, and structural issues (Gruskin & Kismödi, 2020).

CHAPTER V

RELATIONAL AND PARTNER FACTORS INFLUENCING THE SEXUAL EXPERIENCES OF BLACK HETEROSEXUAL WOMEN

Abstract

There is limited research on how Black women's perspectives of their relationship dynamics influence their sexual experiences (i.e., sex initiation and orgasm frequency) in early adulthood. Utilizing a sex positive framework, this quantitative study examined the association between relationship and partner-specific factors (e.g., relationship satisfaction, love, egalitarianism, partner's age, physical violence) with the sexual experiences of $N=216$ Black heterosexual women from Wave III of the National Longitudinal Study on Adolescent to Adult Health (Add Health). Results showed that relationship and partner-specific factors were significantly associated with initiating sexual intercourse and/or orgasm frequency. Implications for sex research and education are discussed.

In the United States, Black sexuality and relationships have often been viewed from the perspective of negativity and deficiency (Collins, 2004; Sobo, 1993). As a result, there is limited research focused on relationship qualities and sexual experiences outside of a risk paradigm (Awosan & Opara, 2016; Bethea & Allen, 2013; Dogan et al., 2018), especially from the Black woman's perspective. In order to move the field of sexual health forward, it is crucial to focus on Black women's sexuality, healthy relationships, and the presence of pleasurable, satisfying, loving experiences—not merely

the absence of sexually transmitted infections (Landers & Kapadia, 2020). Understanding how relationship- and partner-specific factors influence the sexual experiences (i.e., orgasm frequency, sex initiation) of Black heterosexual women is essential to advancing sexual health interventions for Black women and their partners, as well as advancing the field of public health.

Initiating Sexual Intercourse

Despite the research on the sexual behaviors of Black women, little is known about how often they initiate sexual intercourse in their relationships. Understanding how sexual activity is negotiated in romantic relationships may provide insight into Black women's sexual and relationship satisfaction and have implications for their future sexual functioning (Vannier & O'Sullivan, 2011). According to sexual script theory (Simon & Gagnon, 1987, 2011), patterns of sex initiation follow traditional gender ideologies. Gender ideologies create different social scripts for women compared to men, including their abilities to control and direct sexual interactions and the expectation that they will be passive rather than active participants during sexual encounters (Hartley & Drew, 2002; Holland, Ramazanoglu, Sharpe, & Thomson, 2003; E. M. Morgan & Zurbriggen, 2007).

Recent research has shown that women were just as likely to initiate sex as their male partners (Vannier & O'Sullivan, 2011). In a qualitative study, Bowleg et al. (2004) found that about half of Black women did not prescribe to traditional sex roles. Out of 14 Black women interviewed, three reported initiating sex most of the time, and five equally initiated sex with their partners (Bowleg et al., 2004). Another study found that among

young Black heterosexual couples, the male partner primarily initiated sex and controlled the pace of their sexual encounter (Seal et al., 2008). Both of these studies had small sample sizes, which limits the generalizability of the research to the larger population of Black women. Black women may not initiate sex to avoid sexual stereotypes of being a promiscuous “bad girl” (Fasula et al., 2014) or “Jezebel” stereotype (Collins, 2002).

While traditional heterosexual sex roles provide a foundation for early sexual encounters in relationships, there is evidence that sexual behavior is becoming more egalitarian over time, with both men and women initiating sex equally (Bowleg et al., 2004; Seal et al., 2008). Researchers have argued that we may underestimate women’s level of initiation because women have different styles of initiation and express it in different ways (Vannier & O’Sullivan, 2011). Although sexual stereotypes and scripts may impact Black women’s initiation of sex, women have become more comfortable initiating sex in committed relationships. Although some Black women rely less on traditional scripts, these sexual scripts still influence their sexual experiences. For example, women who followed traditional gendered sexual scripts reported that sexual intercourse initiated by their partner was more pleasurable for them than when they initiated sex (O’Sullivan & Byers, 1992; Seal et al., 2008). However, Vannier and O’Sullivan (2011) found that sexual enjoyment was not linked to who initiates sex, but as relationship commitment and length of relationship increases, people are less likely to conform to traditional scripts. More research is needed to understand the link between relationship and partner-specific factors that influence whether Black women initiate sex.

Understanding patterns of sex initiation, as well as barriers and predictors to their initiation, may influence their experiences of sexual pleasure and orgasms.

Orgasm

Results of the 2018 National Survey on Sexual Health and Behavior showed that 68% of Black women experienced an orgasm during their most recent sexual experience (Townes & Herbenick, 2020). Although this percentage is higher than White women, there is still an orgasm gap between Black men and women. Society teaches Black men to openly desire and seek pleasure, while Black women may struggle with achieving orgasm due to societal sexual repression (Staff, 2019). If a woman experiences orgasm with her partner frequently and consistently, it may show egalitarian sex roles within their relationship, that she has knowledge of her body and is comfortable communicating her needs to her partner and prioritizing her pleasure (Pearson, 2018). While orgasm frequency provides limited information related to women's sexual pleasure, infrequent orgasms is one of the top two frequently reported sexual concerns for women seeking sex therapy (Meston & Buss, 2007; Meston, Levin, Sipski, Hull, & Heiman, 2004). Therefore, it is important to investigate what relationship and partner-specific factors are associated with Black women's orgasm frequency in early adulthood.

Relationship Factors

Several factors may affect Black women's sexual experiences, including love, relationship satisfaction, and egalitarianism. Black couples tend to be more egalitarian compared to White couples and have greater levels of gender role flexibility in their relationship (Boyd-Franklin, 2013; Fasula et al., 2014; Willie & Reddick, 2010). Overall,

couples in more egalitarian relationships are more likely to report higher relationship stability and satisfaction (Marks et al., 2008). Egalitarian relationships are associated with positive outcomes (e.g., emotional satisfaction) for Black couples, but only when both partners want an egalitarian relationship (Marks et al., 2008). Relationship satisfaction and emotional connection have been shown to be significant predictors of enjoyable sexual experiences among Black women and men (Dogan et al., 2018; Fahs & Plante, 2017; Hargons et al., 2018). Aspects of enjoyable sex experiences include non-sexual physical pleasure, emotional connection with their partner, and orgasms (Hargons et al., 2018; Ware, Thorpe, & Dyson, under review).

Societal norms insist that young women should engage in sexual intercourse in the context of committed monogamous relationships and have sex because they love that person with little attention to pleasure (Crawford & Popp, 2003; Mehta, Sunner, Head, Crosby, & Shrier, 2011; Sobo, 1993; Tanenbaum, 2000; Wilkins, 2012). As a result of sexual double standards, young women often report love and romance as central meanings to their definitions of sex and relationships, with an absence of pleasure and desire (Fasula et al., 2014; Tolman, 1994). When women report feelings of sexual desire, these feelings are often linked to love, intimacy, and relationships, which shows an association between physical experiences and relationship dynamics (Ozer, Dolcini, & Harper, 2003; Seal et al., 2008; Tolman, 2002). The amount of love that a Black woman has for her partner may affect her sexual experiences, such as orgasm frequency and willingness to initiate sexual intercourse; however, the perceptions of their partner's love for them may not have the same effect. Couples who reported having sex for more

physical reasons instead of emotional intimacy were more likely to report traditional male-initiation (Seal et al., 2008). Further investigation of the influence of relationship factors such as love, relationship satisfaction, and egalitarianism on who initiates sex in their relationship and pleasure (e.g., orgasm) is needed.

Partner-specific Factors

Romantic scripts tend to include the desire for emotional intimacy and the expectation that their partner will be faithful, loving, and supportive (Shelton-Wheeler, 2013). Some Black women accept their partner having another partner for social reasons (i.e., gender and cultural norms, sex ratio imbalance) and interpersonal reasons (i.e., comfort, connection, attachment) (Adimora et al., 2002; Lima et al., 2018; Morris, Kurth, Hamilton, Moody, & Wakefield, 2009), even if they prefer to be in a monogamous relationship. Black women are the most religious group of people in the United States; therefore, their partner's religiosity may impact their spiritual intimacy (shared thoughts and feelings about religion) (Bagarozzi, 2014) as well as sexual intimacy and outcomes. Older partners also tend to have more power in relationships (Seal et al., 2008). Large age differences in Black heterosexual couples are associated with male-initiated sex versus female-initiated sex (Seal et al., 2008). Other partner-specific factors, such as making a large financial investment with a partner and physical violence and threats, can create power imbalances in relationships. Black women continue to have higher rates of domestic violence than their White counterparts (National Organization for Women, 2020); however, there is limited research on how these factors effect Black women's sexual experiences.

Purpose

There is a need for research that provides a more nuanced understanding of Black women's sexual experiences. Therefore, the purpose of this study is to examine the association between relationship (e.g., love, relationship satisfaction, and egalitarianism) and partner-specific (e.g., age, partner's religion, partner concurrency) factors and sexual experiences (i.e., orgasm frequency and sex initiation). We specifically examined the following research questions:

1. What is the association between relationship factors and orgasm frequency?
2. What is the association between partner-specific factors and orgasm frequency?
3. What is the association between relationship factors and initiating sexual intercourse with a partner?
4. What is the association between partner-specific factors and initiating sexual intercourse with a partner?

Methods

Sample

In this study, restricted Wave III Add Health data were analyzed. Add Health is a nationally representative longitudinal study of seventh- to 12th-grade students who were first interviewed during the 1994-1995 school year (Wave I). The Add Health sample of 20,745 students was taken from a random sample of high schools in the United States that was stratified by region, urbanicity, size, type, racial composition, and grade span. Wave III was collected between 2001 and 2002 via an in-home survey. The variables in this

study come from the relationship section of the survey. In order to receive these questions, respondents had to be in a sexual relationship for three months or longer. Participants who were missing data were excluded from this study for a final sample of $N=216$. The Institutional Review Board at the University of North Carolina Greensboro approved this secondary data analysis.

Measures

Predictor Variables

Relationship factors.

Relationship satisfaction. Participants were asked how satisfied are you with your relationship with your partner? Response options were on a 5-point Likert scale of (1) *very satisfied* to (5) *very dissatisfied*. Response options were reverse coded to higher scores mean more satisfaction.

Love partner. Participants were asked how much do you love your partner. Response options were (0) *a lot*, (1) *somewhat*, (2) *a little*, and (3) *not at all*. Response options were reverse coded, so higher scores indicate more love.

Partner's perceived amount of love. Participants were asked how much do you think your partner loves you. Response options were (0) *a lot*, (1) *somewhat*, (2) *a little*, and (3) *not at all*. Response options were reverse coded, so higher scores indicate a perception of more love.

Egalitarianism. Participants were asked: "Considering what you put into the relationship compared to what you get out of it and what your partner puts into it compared to what they get out of it, who has the better deal in the relationship?"

Response options were (1) *I am getting a much better deal*, (2) *I am getting a somewhat better deal*, (3) *we are both getting an equally good or equal bad deal*, (4) *my partner is getting the better deal*, and (5) *my partner is getting a much better deal*. Response options were combined into (1) *I am getting a better deal*, (2) *we have an equal deal*, and (3) *my partner is getting a better deal*. Three dichotomous variables were created, mirroring these three responses.

Partner-specific factors.

Partner's religion. Religious importance was not measured among partners, so a measure of church attendance was used. Response options were (0) *never*, (1) *less than once a year*, (2) *once or twice a year*, (3) *several times a year*, (4) *once a month*, (5) *two or three times a month*, (6) *nearly every week*, (7) *once a week*, and (8) *several times a week*. These response options were combined into (0) *never*, (1) *less than once a year*, (2) *yearly*, (3) *monthly*, and (4) *weekly*.

Partner has concurrent partners. Participants were asked if they perceived that their partner had other partners. Response options were yes, no, and I don't know. A dichotomized variable was created, and those who said "I don't know" were combined with the yes category.

Financial investment. Participants were asked if they had ever made a purchase of over \$500 with a partner. Response options were yes or no.

Age difference. Participants were asked to report their partner's current age. The participants' age was subtracted from their partner's age. Three categories were created: (1) *younger partner*, (2) *same age as partner (\pm one year)*, and (3) *older than partner*. A

dichotomous variable for having an older partner was created due to the power imbalances that may occur within relationships from having an older partner (Bauermeister et al., 2010; Seal et al., 2008).

Time known before having vaginal sex with partner. Participants were asked how long did you know the partner before you had vaginal sex with them. Response options ranged from (1) *one day or less* to (7) *a year or more*.

Physical violence. Physical violence was measure through two questions. Participants were asked to report how often their partner slapped, kicked, or hit them. Participants were also asked to report how often their partner has threatened them with violence, pushed or shoved you, or thrown something at you that could hurt you. Response options for both questions were never, once, twice, 3-5 times, 6-10 times, 11-20 times, and more than 20 times. One time was the most common report among those who experienced physical violence (14%) and verbal threats (8.3%). Two dichotomous variables were created (one per question) so that those who reported any physical violence or threats were indicated as (1), and those who never experienced physical violence were indicated as (0).

Outcome Variables

Sex initiation by partner. Participants in the couple sample were asked, “In all the types of sexual relations that you and your partner have which of you typically initiates sex?” Response options were (1) *I always do*, (2) *I usually do*, (3) *we initiate equally often*, (4) *partner usually does*, and (5) *partner always does*. The response

options were collapsed into three groups: (1) *I initiate*, (2) *equally initiate*, and (3) *my partner initiates*.

Orgasm. Participants in the couple sample were asked, “When you and your partner have sexual relations, how often do you have an orgasm, that is, climax or come”? Response options were (0) *never/hardly*, (1) *less than half the time*, (2) *about half the time*, (3) *more than half the time*, and (4) *most of the time/every time*. This variable was dichotomized into those that have an orgasm more than half the time as (1) and all other response options as (0), similar to previous research (Pearson, 2018; Scroggs et al., 2019).

Covariates

Age. Participants’ current age was calculated using the date of the in-home survey administration and their birth date.

Religious importance. Participants were asked, “How important is religion to you?” Stem options were (0) *not important*, (1) *somewhat important*, (2) *very important*, and (3) *more important than anything else*.

Relationship length. Participants were asked, “How old were you when your relationship began with their current partner?” To calculate their relationship length in years, their age when the relationship began was subtracted from their current age.

Analyses

Descriptive statistics and bivariate correlations were conducted. Per the Add Health Guidelines (Chen, 2014), grand sample weights for Wave III were used and survey subpopulation analyses. In order to address Research Questions 1 and 2, two

weighted logistic regressions were conducted examining the association between relationship factors and orgasm frequency. In order to address Research Questions 3 and 4, three weighted logistic regressions were conducted to examine the association between relationship factors and partner-specific factors with initiating sex. Separate models were used to examine the three dichotomous outcomes of participant initiates sex, equal sex initiation, and partner initiates sex. In the models examining sex initiation, the participant having a better deal was the referent group with equal deal, and partner has the better deal included in the model. In all analyses, the age of participants, religious importance, and relationship length were controlled for in each model. STATA version 16 was used for all analyses.

Results

Sample Characteristics

The average age of the 216 Black women was 22.9 years old (range 19-27). The majority of the sample report being in long-standing, committed, loving, monogamous, and egalitarian relationships with older men. The age difference between participants and their partners ranged from partners being two years younger to 27 years older, with their partner being three years older on average. Many of the women reporting knowing their partners for over a year before having sex. More than half of the participants (69%) reported having made a significant financial investment with their partner. The majority of women report having an orgasm more than half the time they have sex (62%), and that they equally initiate sex with their partners, with only 18% reporting that they initiate sex most of the time. Religion is important to most of the sample (78.0%), but their partner's

religious attendance is variable. Before engaging in vaginal sex, most participants reported knowing their partner a year or more (40.0%), followed by 1-5 months (21.7%), 6 months to a year (20.4%), 2-4 weeks (7.4%), one day or less (2.1%), 1-2 weeks (2.0%), and 2-7 days (1.8%). Approximately 23% of participants believed that their partner had other partners. Finally, 19% reported that their partner had hit them, and 24% threatened them with violence or threw something at them. For more details, see Table 9.

Table 9
Weighted Demographics and Descriptives

Variable	Proportion	Proportion or Mean \pm SD
Age		22.9 \pm .15 [19-27]
Religious importance		
Not important	.0566	
Fairly unimportant	.1647	
Fairly important	.6451	
Very important	.1337	
Satisfied in relationship		
Yes	.8918	
No	.1082	
Love Partner		
Not at all	.0089	
A little	.0335	
Somewhat	.0655	
A lot	.8921	
Partner's perceived love		
Not at all	.0051	
A little	.0237	
Somewhat	.0707	
A lot	.9004	
Relationship Egalitarianism		
Participant has a better deal	.1817	
Equal deal	.6800	
Partner has a better deal	.1384	

Table 9

Cont.

Variable	Proportion	Proportion or Mean \pm SD
Length of relationship in years		4.03 \pm .56 [<1 year to 11 years]
Partner-specific Factors		
Partner church attendance		
Never	.1875	
Less than once a year	.1457	
Yearly	.2872	
Monthly	.1733	
Weekly	.2063	
Partner concurrency		
No	.7487	
Yes	.2337	
Doesn't know	.0176	
Financial investment >\$500		
Yes	.6939	
No	.3061	
Partner age		
Younger	.0134	
Same age (\pm 1 year)	.3830	
Older	.6036	
Partner has hit them		
No	.8136	
Yes	.1864	
Partner threatens them with violence		
No	.7593	
Yes	.2407	
Outcome Variables		
Orgasm frequency		
\leq to half the time	.3804	
More than half the time	.6196	
Type of sex initiation		
Participant	.1766	
Equal initiation	.5540	
Partner	.2694	

Orgasm Frequency

There were significant associations between relationship factors and orgasm frequency (see Table 10). Participants who reported more love for their partner, (OR=9.30, $p=.01$), higher perceptions that their partner loved them (OR=115.58, $p=.005$), endorsed relationship egalitarianism (OR=5.81, $p=.005$), and had higher relationship satisfaction (OR=32.79, $p=.01$) were significantly more likely to report having an orgasm more than half the time. As religious importance increased, the odds of reporting having an orgasm more than half the time significantly decreased (OR=.32, $p=.01$). Large odds ratios for partners' perceived love and relationship satisfaction are a result of a ceiling effect, with few people being in the null category. Thus, people who are satisfied with their relationship or don't think their partner loves them have very low odds of having an orgasm more than half the time. Partner having a better deal, length of their relationship, and participant age were not significantly associated with orgasm frequency.

Table 10

Weighted Logistic Regression of Factors Predicting Orgasm Frequency

	OR	95% CI	<i>p</i> -value
Relationship factors (N=174)			
Love for partner	9.30	3.38-24.43	.01*
Partner's perceived love	115.58	483.00-27.66	.005**
Egalitarianism	5.81	3.32-10.07	.005**
Partner has a better deal	4.44	.83-23.8	.06
Relationship satisfaction	32.79	6.11-175.91	.01*
Length of relationship	.87	.67-1.12	.13
Religious importance	.32	.19-1.91	.01*
Age	1.09	.58-2.03	.61

Table 10

Cont.

	OR	95% CI	<i>p</i> -value
Partner-specific factors (N=162)			
Older partner	4.06	.02-78.26	.18
Partner has other partners	.84	.48-1.45	.29
Partner threatens them	.51	.03-8.08	.40
Partner hits them	6.17	.66-57.40	.07
Financial investment >\$500	2.6	.21-31.19	.25
Partner Religious Attendance	1.55	1.33-1.80	.006**
Time known before vaginal sex	1.39	1.17-1.63	.01*

Note. ** $p < .01$, * $p < .05$; OR= odds ratio; 95% CI=95% confidence interval.

There were also significant associations between partner-specific factors and orgasm frequency. Participants who had a partner who attended church more frequently (OR=1.55, $p=.006$) and those who had a greater amount of time known before having vaginal sex with their partner (OR=1.39, $p=.01$) were significantly more likely to have an orgasm more than half the time. Partner's age, partner concurrency, physical threats and violence, and financial investments were not significantly associated with orgasm frequency.

Sex Initiation

Relationship factors. Overall, for relationship factors, there were more significant associations with partners initiating sex and the fewest significant associations with participant initiating sex. Egalitarianism was the only variable associated with all three outcomes. The covariates (length of relationship, religious importance, and age) were not associated with sex initiation (see Table 11).

Table 11

Weighted Logistic Regressions Predicting Who Initiates Sex the Most in Their Relationship

	Participant Initiates Sex			Equally Initiates Sex			Partner Initiates Sex		
	OR	95% CI	p-value	OR	95%CI	p-value	OR	95% CI	p-value
Relationship factors (N=174)									
Love for partner	.82	.30-2.25	.57	.03	.00- --	.42	.23	.19-.27	.001**
Partner's perceived love	.47	.77-2.97	.28	.11	.00-372.41	.45	11.25	4.96-25.53	.006**
Egalitarianism	.05	.009-4.52	.008**	3.74	1.55-9.12	.018*	5.21	3.63-7.54	.003**
Partner has better deal	.09	.001-.08	.22	6.20	2.41-15.80	.009**	1.93	1.15-3.25	.031*
Relationship satisfaction	.45	.01-38.86	.61	20.70	.05-8777	.21	.09	.01-66	.035*
Length of Relationship	.81	.51-1.27	.22	1.06	.84-1.35	.47	1.01	.88-1.16	.75
Religious Importance	2.21	.06-75.9	.55	.71	.35-1.46	.23	1.09	.24-5.05	.82
Age	1.13	.87-1.46	.23	1.00	.45-2.25	.99	.96	.74-1.23	.53
Partner-specific Factors (N=162)									
Older partner	1.31	.14-11.94	.72	1.13	.36-3.56	.76	.76	.07-8.00	.74
Partner has other partners	1.45	.52-3.97	.33	1.04	.54-1.95	.86	.79	.33-1.90	.45
Partner threatens them	.19	.004-9.03	.26	0.28	.09-.97	.047*	7.39	2.53-7.92	.010*
Partner hits them	1.08	.03-9.02	.95	5.16	1.73-15.33	.017*	.16	.04-.82	.04*
Financial Investment >\$500	.64	.03-41.68	.83	1.38	.05-34.37	.77	.84	.16-4.48	.75
Partner Religious Attendance	.90	.39-1.82	.46	.93	.32-2.69	.85	1.12	.79-.92	.81
Time Known Before Sex With Partner	.84	.08-3.0	.53	1.27	.05-2.16	.25	.85	.02-46.52	.009**

Note: p<.01**, p<.05* ; OR= odds ratio; SE=standard error

Participant initiates sex. Having an egalitarian relationship significantly increased the likelihood that the participant initiates sex most often, compared to participants who report having a better deal ($OR=.05, p=.008$).

Equal initiation. Egalitarianism and partner having a better deal were associated with equal initiation of sex. In both cases, perceiving an egalitarian relationship ($OR=3.74, p=.018$) or if the partner was perceived as having a better deal ($OR=6.20, p=.009$), increased the likelihood of equal initiation of sex as compared to the perception of the participant having a better deal.

Partner initiates sex. Participants who reported greater love for their partner were significantly less likely to report that their partner initiates sex ($OR=.23, p=.001$). Greater perception of partner's love increased the likelihood that their partner initiates sex most of the time ($OR=11.25, p=.006$). Participants who report egalitarian relationships ($OR=5.21, p=.003$) or that their partner had the better deal in the relationship ($OR=1.93, p=.031$), were more likely to report that their partner initiates sex compared to participants who believed that they have the better deal. Finally, as participants' relationship satisfaction decreased, the likelihood of the partner initiating sex most of the time increased ($OR=.09, p=.035$).

Partner-specific factors. Overall, there were more significant associations with partners initiating sex, and none were significant with the participant initiating sex. Physical violence and verbal threats were significant in both the equally initiations and partner initiates sex. Partner's age, partner concurrency, financial investments, and partner's religious attendance were not predictors of any type of sex initiation.

Participant initiates sex. There were no significant partner-specific factors in predicting participant sex initiation.

Equal initiation. Physical violence and verbal threats were significantly associated with equal initiation. Participants who reported a history of physical violence were more likely to report that they equally initiate sex in their relationship (OR=.28, $p=.017$). Participants who reported that their partner has verbally threatened them were significantly less likely to report equal initiating sex with their partner (OR=.95, $p=.047$).

Partner initiates sex. Participants who reported a history of physical violence were less likely to report that their partner initiates sex in their relationship (OR=7.39, $p=.04$). Participants who reported that their partner had verbally threatened them were significantly more likely to report their partner initiating sex (OR=.16, $p=.010$), as time known before having vaginal sex with a partner increased the likelihood of their partner initiating sex (OR=.85, $p=.009$).

Discussion

This study aimed to fill the gap in the literature related to Black women's relationships, love, and sexuality by investigating if relationship- and partner-specific factors influenced their sexual experiences. Most women reported having orgasms more than half the time and equal initiation of sexual encounters. In our sample, young Black women reported being in loving, long-term, egalitarian relationships, which has been underrepresented in the literature on Black women's sexuality and relationships. This study contributes to the literature by taking applying a sex positive framework, but also by including factors that may serve as barriers to women having pleasurable experiences

(i.e., partner concurrency, physical violence). Several relationship and partner-specific factors were significantly associated with who initiates sex most often in their relationship and orgasm frequency. Issues that are more salient to Black women (i.e., higher rates of domestic violence, egalitarianism, and religiosity) were significantly associated with their orgasm frequencies and/or initiating sex.

Based on sexual scripts theory, there are several scripts and stereotypes that Black women have to navigate during their lifespan. Overall, this study did not find that all Black women were adhering to traditional sexual scripts, as they reported fairly balanced initiation with their partners and equal relationships. Previous research with similar findings assumed that this could mean that it is becoming more acceptable for women to initiate sex, or it is a clear reflection of the women's personality or relationship characteristics (Gonzalez-Rivas & Peterson, 2020).

Orgasm

In this study, Black women who reported that they knew their partner a longer amount of time before they had vaginal sex with them were more likely to report having an orgasm more than half the time. More long-term relationships may permit greater freedom for both men and women to initiate sex as they wish (Vannier & O'Sullivan, 2010). Traditional sexual scripts tend to hold more weight at the beginning of heterosexual relationships; however, as the relationship progresses, women care less about breaking social norms (Seal et al., 2008; Vannier & O'Sullivan, 2011). The longer time that someone waits to have sex, the increased likelihood of building an intimate connection with their partner (Seal & Ehrhardt, 2003) and learning about their partner's

body, including their turn-ons and turn-offs to create more pleasurable experiences. Future research should investigate how various types of intimacy (e.g., emotional, physical, and spiritual intimacy) serve as barriers or facilitators of sexual pleasure (beyond orgasms) for Black women.

Religiosity and Orgasms

There were mixed results between religiosity and orgasm frequency. Black women who reported higher levels of religious importance were less likely to orgasm more than half the time. Religious teachings often shun women for engaging in premarital sex, condemn masturbation, and promote respectability politics (Harris-Perry, 2011; Higginbotham, 1993; Lomax, 2018). Religious women may not feel comfortable asking for what they want during sex in fear of being labeled a Jezebel (a sexual stereotype of a promiscuous Black woman) (Stephens & Phillips, 2003). Because masturbation is discouraged in many religious doctrines, religious women (and women in general) are not encouraged to explore their bodies and learn their likes and dislikes. These sexual scripts decrease women's likelihood of having an orgasm and being able to communicate the ways they achieve orgasm to their partner. Surprisingly, Black women who reported that their partners had more frequent religious attendance were more likely to report having an orgasm more than half the time. Because religiosity is important in Black culture (Lomax, 2018), having a partner that is more religious may increase their emotional connection and spiritual intimacy (i.e., shared thoughts and feelings regarding religion; see Bagarozzi, 2014) as they bond over shared beliefs and values which increases their sexual pleasure, including orgasm.

Significant characteristics such as intimacy, love, relationship length, and similar morals and values may serve as a proxy measure of trust. In this study, women who are in primarily long-standing, loving, satisfying, and egalitarian relationships are having orgasms more than half the time in their relationship. Given all the societal taboos against Black women experiencing pleasure, this study shows that Black women are having orgasms frequently, and in some cases, they are having orgasms more than their White counterparts (Townes & Herbenick, 2020). Religious attendance (actually doing the behavior—not just endorsing the value) could hint at a partner’s trustworthiness because assuming they share the same morals and values. The development of trust starts in middle adolescence and early adulthood and remains a relevant part of sexual development throughout the lifespan (Carpenter, 2010; Fortenberry, 2014). Trust contributes both directly and indirectly to the sexual health of Black women (Fortenberry, 2019). Trust can contribute to experiences of emotional safety, intimacy, relational and sexual satisfaction, and pleasure, which all contribute to Black women’s sexual well-being and relationship stability (Fortenberry, 2019).

Egalitarianism

Egalitarianism was the only factor that was significant in all four models. This highlights the positive effects of relationship egalitarianism in Black heterosexual sexual relationships. According to the theory of orgasm (Mah & Binik, 2001), people who are in committed relationships feel less anxious about having sexual intercourse and are more motivated to invest in each other and learn to please one another to make the experience pleasurable for both parties. Sexual script theory suggests that egalitarianism may be

more important for sexual pleasure for women than men because of their internalized gendered sexual scripts and sexual double standards (Marston & King, 2006; Simon & Gagnon, 1987; Tolman, 2002). Equity theory suggests that when women are in egalitarian relationships, sexual dissatisfaction is minimized (Hatfield & Sprecher, 1995; Sprecher, 2002) because both parties are expected to feel sexual pleasure equally (Galinsky & Sonenstein, 2013). Couples who see each other as equals have higher levels of relationship satisfaction (Marks et al., 2008). Other studies using Add Health data have found that relationship equity (egalitarianism) has been linked to sexual satisfaction (Galinsky & Sonenstein, 2013).

It may be easier to develop intimacy and emotional connection in egalitarian relationships because they feel like their partner cares about their wants and needs and that they are valued. Emotional connection is a part of the intimacy that Black heterosexual women report as being a pleasurable part of sex (Dogan et al., 2018; Hargons et al., 2018). Black women are entitled to “thick desire” (Fine & McClelland, 2006) beyond orgasms, including sexual satisfaction, intimacy, vulnerability, emotional closeness. Black women may be able to achieve thick desire within egalitarian relationships where their partner cares about their sexual needs and experiences. The language to promote thick desire including intimacy, pleasure, love, orgasm, and satisfaction may be absent in the socialization messages (e.g., sexual messages from media, peers, and/or parents) that Black people received throughout various generations (Dogan et al., 2018); however, this study shows the importance of researching these factors as it has implications for their sexual experiences.

Physical Violence and Threats

Between 20 and 24% of the participants experienced physical violence or verbal threats. Black women who reported that their partner had threatened them with physical violence were more likely to initiate sex equally. Black women who reported that their partner hit them were more likely to report their partner initiates sex. For some Black women, the possibility of physical violence may be woven into their sexual and relational (McLellan-Lemal et al., 2013). This expectation may explain why there is a significant association between verbal threats and women equally initiating sex with their partner. Women may see equally initiating sex as an opportunity to show their partner that they love them and to keep them around and as a possible way to reduce the likelihood of threats turning into physical violence. Addressing power dynamics, gender roles, and healthy relationships in counseling and sexuality education programs are critical to reduce power imbalances and increase equality within their sexual experiences and relationships

Limitations

Although this study advances Black heterosexual women's sexuality, it is not without limitations. First, we were not able to match the participants' answers to their partners (i.e., partners' perceived love versus partners' reported love). There may be discrepancies between participants' reports of their partners' love and their partners' actual feelings of love. Secondly, participants were in relatively stable relationships because they were fairly long term, loving, and satisfying relationships. The results might look different from a sample with a more diverse profile. Third, there are several

measurement challenges. There were not identical measures of religiosity for participants (religious importance) and their partners (religious attendance). Religious attendance is not a quality measure of religiosity when compared to religious importance, which captures the spiritual process more than the behavior (attendance) (Newlin, Knafl, & Melkus, 2002). The measure of partner concurrency is limited. Participants were only asked about their perceptions of their partner having other partners in Wave III, but not if they also had other partners. This measure supports traditional gendered stereotypes does not take into account diverse relationships such as couples who practice consensual non-monogamy. Consensual non-monogamy reflects various relational configurations (i.e., polyamory, swinging, open relationships, etc.) where partners mutually accept multiple romantic, emotional, and/or sexual involvement (Barker & Langdridge, 2010). With the increase in the prevalence of various forms of consensual non-monogamy (Levine, Herbenick, Martinez, Fu, & Dodge, 2018), more research on relationship dynamics and partner factors among Black people is needed. Additionally, several variables in this study were dichotomized because there were small numbers of participants in each response category. For example, there are distinct differences between someone who has been hit once versus someone who experiences physical violence weekly. Future research should more thoroughly investigate the experiences of domestic violence and the influence on sexual interactions. Orgasm frequency may not be the best measure of sexual pleasure or satisfaction. The absence of an orgasm does not mean that participants are not having pleasurable sex (FaHS, 2014), and the presence of an orgasm does not mean the sex was not bad. Over 70% of women report that they fake orgasms because it

is perceived to be the end goal of a sexual encounter or to please their partner (Fahs, 2014; Jackson & Scott, 2007). Thus, participants may have overestimated the number of times that they orgasm to appear “normal” (Fahs & Plante, 2017). Asking participants to rate their level of sexual satisfaction may be a better measure. Finally, given the research on racial homophily, it is important to know the race of the partners in future research.

Conclusion

Aligning with Rose’s (2004) acknowledgment that research should reframe the narrative of Black love, relationships, and sexuality, this study aimed to reframe the narrative by exploring how relationship factors and partner-specific factors affect sexual experiences of Black women. Overall, Black women reported being in loving, egalitarian, long-term relationships with partners who were older. Their relationship factors were significant predictors of who initiated sex in their relationship and their orgasm frequency. This study distinguishes itself from other research by focusing on Black sexuality and relationships from the woman’s perspective utilizing a sex positive framework instead of the traditional deficit-based approach (Hargons et al., 2018; Sobo, 1993). The results of this study show that Black women tend to follow less traditional sexual scripts by equally initiating sex with their partner and reporting more egalitarianism in their relationship.

CHAPTER VI

SUMMARY OF FINDINGS

In adolescence, religious importance, father's residency, and pubertal development were associated with expectations of pleasure and sexual guilt. Sexual stereotypes, stigma, hypersexualization, and respectability politics begin to play a major role in Black women's sexual development as early as adolescence. However, very few studies have examined how Black adolescent women navigate respectability politics and their experiences. Future qualitative research is needed to explain how respectability politics shapes their sexual experiences, the anticipation of sexual guilt, and how it impacts on other dimensions of their well-being (i.e., physical, emotional, mental, and spiritual). Father's residency may serve as a proxy measure for father involvement, father-daughter sexual communication, or simply just having a male role model in their life; however, this study alone cannot explain it. Future research should analyze father-daughter communication processes and the impact of Black fathers on the sexual development of Black adolescent women.

In early adulthood, relationship and partner-specific factors were significantly associated with orgasm frequency and which partner initiates sex more often. The measure of orgasm frequency and sex initiation have been conceptualized as sexual agency in other studies (Pearson, 2018); however, for Black women, these may not be key indicators of sexual agency. Researchers have encouraged us to go beyond

conceptualizing agency as solely assertiveness in sexual decision making (i.e., condom negotiation, advocating for one's orgasms, initiating sex) and realize that agency may be more complex than we think, especially for Black women and other women of color (Bay-Cheng, 2015, 2019). In this case, we can see that Black women who were less satisfied in their relationships, believed that their partner had the better deal, and experienced physical violence or verbal threats were more likely to report that their partner initiated sex most of the time. From a traditional public health perspective, these women would be considered great candidates for interventions to increase their sexual agency (mainly defined as assertiveness) without recognizing that these women may be exuding sexual agency in ways beyond assertiveness. One qualitative study showed that women in similar relationships were still exhibiting sexual agency because they were staying with these partners to meet their immediate needs (e.g., physical safety, protection for children) and pursue their dreams (e.g., education; Bay-Cheng, 2019). Rethinking how we define sexual agency allows us to step away from an individualistic approach (i.e., creating interventions that aim to increase sexual agency in Black women) and focus on addressing the inequalities that shape their lives, options, sexual experiences, and relationships.

In this study, egalitarianism was associated with all three types of sexual initiation, as well as having an orgasm more than half the time. This finding shows the importance of addressing relationship contexts, specifically committed equitable relationships. Sexual health policy documents have stated that equitable relationships may be better at fostering sexual well-being across the lifespan, including pleasurable

sexual experiences (A Public Health Approach for Advancing Sexual Health in the United States: Rationale and Options for Implementation, Final Meeting Report—2011, n.d.; World Health Organization, 2006; WAS, 2019). Thus, future research should investigate the specific function of egalitarianism as well as definitions of “having an equal deal” among Black women to understand how equality leads to more pleasurable experiences.

Finally, over 61% of Black women reported having an orgasm more than half the time in their relationship in 2001-2002. In a 2020 study, 68% of Black women reported having an orgasm during their last sexual encounter (Townes & Herbenick, 2020). Although measures of last sexual encounters are highly susceptible to recall bias, there could be discrepancies between their last sexual experience and their overall orgasm frequency. To my knowledge, the Townes and Herbenick (2020) study is the only quantitative study that reports Black women’s orgasm frequency within the last 20 years. This dissertation advances this work by creating a comparative way to look at orgasm trends from the 2001-2002 data collection until now. More sex positive research is needed to build upon the current research that explores the definitions of pleasure among Black women throughout their lifespan, to monitor orgasm rates over time, as well as facilitators and barriers to orgasms (i.e., intimacy, see Dogan et al., 2018; Ware et al., in press). Future research should explore how often Black women report faking an orgasm and why. Twenty-two percent of our sample reported having an orgasm less than half the time (11% of those reported never having an orgasm). Future research should explore what prevents these Black women from experiencing orgasms more than half the time

(i.e., intimacy blocks, relationship inequality, sexual difficulties, communication issues) and if they still have pleasurable experiences. Black women are more likely to report experiencing sexual pain than their White peers but less likely to report it to a doctor or be referred to a pelvic floor therapist. In order to achieve healthy sexual equity and ensure that Black women have healthy, pleasurable sexual experiences research must address this gap in research (Carter et al., 2019; Herbenick et al., 2019; Townes, Fu, Herbenick, & Carter, 2019).

Conclusion: Creating Space for Black Sexuality Educators and Researchers

As a sexuality educator, my passion is to change the narrative of Black women's sexuality in research from solely focusing on risk prevention to a comprehensive view of sexuality. Too often, the discussion around Black women's contributions to the field of sexual and reproductive health in both research and practice is silent (Flowers, 2018). Black women researchers have begun to change the narrative of Black women's sexuality in research (Crooks, King, Tluczek, & Sales, 2019; Evans & Dyson, 2015; Flowers, 2018; Hargons et al., 2018; J. Morgan, 2015) without funding from major institutions that do not place value on understanding the positive sexuality of this population (Lamb et al., 2016).

Despite researchers calling for sex positive, shame-free, culturally relevant curricula for decades, federally funded evidence-based curricula are grounded in risk-reduction frameworks and neglect to address the complexities of Black women's sexuality throughout their lifespan (Fine & McClelland, 2006; Flowers, 2018; Koepsel, 2016; Lamb et al., 2016; Wyatt et al., 2008).

Black students are less likely to receive comprehensive sex education than their white counterparts (Habersham, 2015). Through intersectional, comprehensive sexuality education, Black girls acquire the skills they need to navigate sexual stereotypes and systems of oppression that affect their sexual health and experiences (Flowers, 2018). Sexuality educators, especially Black women, are charged with dismantling harmful stereotypes that are reinforced by evidence-based interventions and sexuality curricula (Flowers, 2018). In a study conducted by Flowers (2018), a Black woman sexuality educator noted that students were taught that

sex is going to kill you and this is how you keep from dying. For me that is problematic, because . . . it disproportionately affects our communities because most of the time they are done in our communities. You don't see this done in as many white high schools and middle schools as you see in poor urban predominantly Black and brown communities. (p. 92)

In research, Black women's sexuality is defined by sexual risk, stereotypes, and a deficit-based approach. By centering Black women sexuality educators and researchers, the field can glean their insights about what Black women and girls need throughout their lifespan. Black women sexuality educators are often supplementing required curricula with examples that are relevant to Black girls that will help strengthen the curricula (Carroll et al., 2007; Flowers, 2018). Black women researchers often see the gaps in the literature and try to fill them but are often shut down by the academia and funders who operate under the traditional deficit-model, which lends itself to what Bowleg et al. (2017) call epistemologies of ignorance. Until the work of Black women sexuality educator and researchers are centered, the field of sexuality education and sex research

will be perpetuating racist, classist, gendered stereotypes and sexual health disparities that it claims to be working to eliminate (Flowers, 2018; Lamb et al., 2016; Prather et al., 2016; Ross, Derkas, Peoples, Roberts, & Bridgewater, 2017).

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APPENDIX A
IRB APPROVAL

To: Shemeka Thorpe
Public Health Education
Public Health Education

From: UNCG IRB

Date: 8/19/2019

RE: Determination that Research or Research-Like Activity does not require IRB Approval

Study #: 20-0012

Study Title: The Sexual Development of Black Women from Adolescence to Adulthood

This submission was reviewed by the above-referenced IRB. The IRB has determined that this submission does not constitute human subjects research as defined under federal regulations [45 CFR 46.102 (d or f)] and does not require IRB approval.

Study Description:

The overall purpose of this study is to utilize a sex-positive framework to examine the sexual development of Black women from adolescence into emerging adulthood . Specifically, exploring the socioecological factors that influence the development of Black women's sexual agency and behaviors from adolescence to adulthood.